

Name
in
Full

Richard P. Bailey

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Cumberland

Town

County

MARYLAND

Date of death 1908

Month

Day

Years

Months

Days

Feby

1

30

4

Age

White

Birth-place

Sex Male

Color or Race

Bard Pa

Occupation

Labourer

Where Residing if not
at place of death

Liberty St.

Married, Single
or Widowed

Single

Name of Wife or
Husband

none

Father's Name

George Bailey

Father's Birthplace

Balt Md

Mother's Maiden Name

Katie Albright

Mother's Birthplace

McSavage Md

Name of person giving
Information

Lucy Easton

How related
to deceased

Sister -

CAUSES OF DEATH

64

How long

How long

PHYSICIAN
OR CORONER

Primary

Apoplex

Immediate

Are the name, age, sex, color, date
and place correctly given above?

yes.

Signature of
Physician

Address

J. H. May Corner
Cumberland
Md

Accident - Suicide?

Buffalo Miss

550

1250

125

7375

Name
in
Full

Conrad Barth

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND



PHYSICIAN
OR CORONER



Town

County

MARYLAND

Died at near Cumberland

allegany

Date

Month

of death 1908

July

Day

22

Years

81

Months

1

Days

28

Age

Sex

Male

Color or
Race

White

Birth-
place

Germany.

Occupation

Black Smith

Where Residing if not
at place of death

Married, Single
or Widowed

Widower

Name of Wife or
Husband

Sophia Barth

Father's
Name

Do not know

Father's
Birthplace

Do not know

Mother's
Maiden Name

Do not know

Mother's
Birthplace

Do not know

Name of person giving
Information

William Jaeger

How related
to deceased

In in law.

CAUSES OF DEATH

93

How long

15 days

How long

several days

Primary

Inflammation

Immediate

Heart Failure

Are the name, age, sex, color, date,
and place correctly given above?

yes

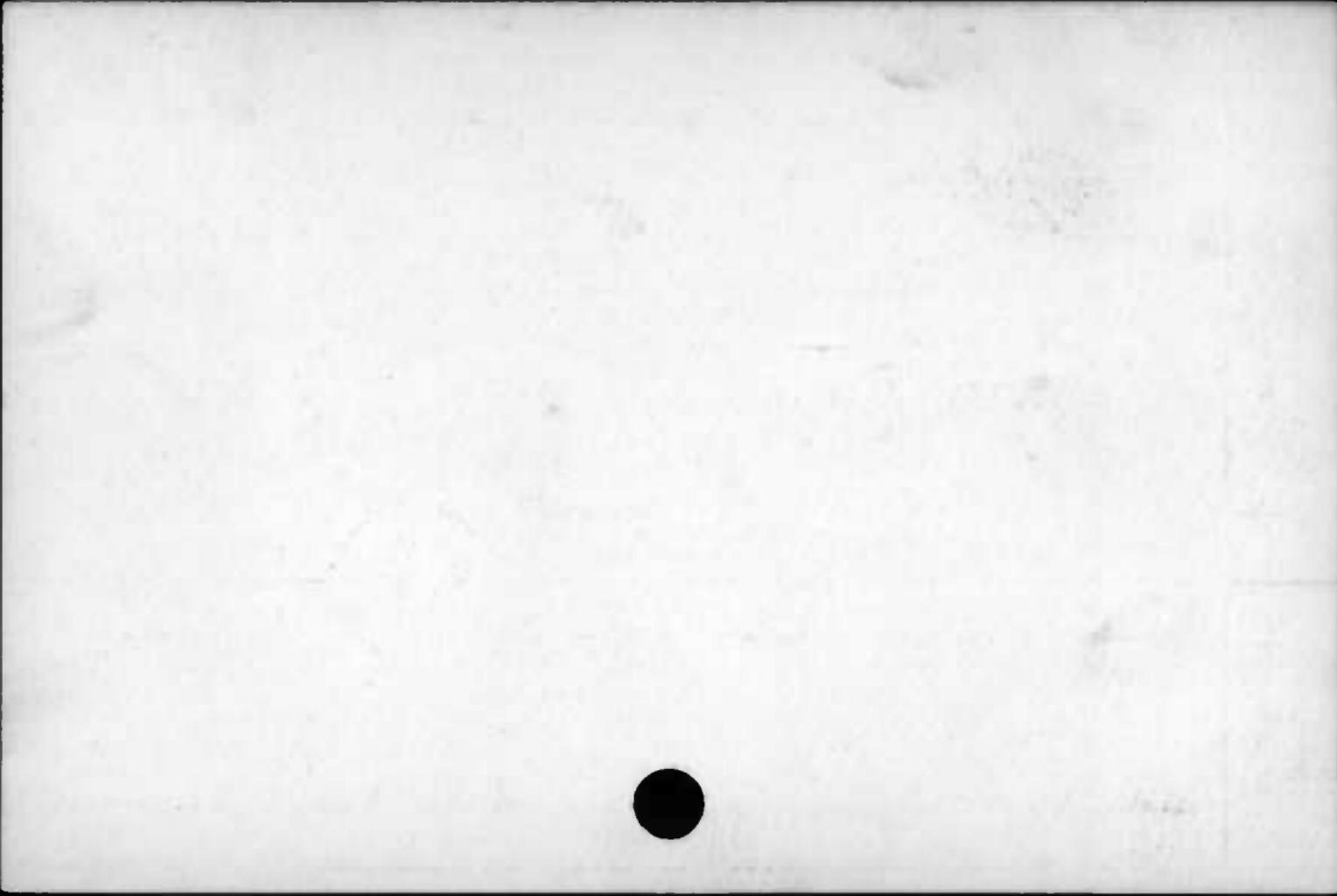
Signature of
Physician

Address

Frederick
Cumberland
Maryland

Scene

Accident or Suicide?



Name
In
Full

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

I

Francis Altagcious Beeman

CERTIFICATE OF DEATH

Town

County

MARYLAND

Died at Bartow

Allegany

Date of death 1908 Feb

Month Day

Age Years

Months

Days

Sex Male

Color or Race

white

Birth-place

Alleg. Co

Occupation

Where Residing if not
at place of death



Married, Single
or Widowed

Name of Wife or
Husband



Father's Name

Joseph Beeman

Father's Birthplace

Alleg Co

Mother's Maiden Name

Annie Flynn

Mother's Birthplace

Gantt Co

Name of person giving
Information

Joseph Beeman

How related
to deceased

Father

CAUSES OF DEATH

⑨

How long

Primary

Diphtheria

6 days

Immediate

Heart failure

two hours

Are the name, age, sex, color, date
and place correctly given above?

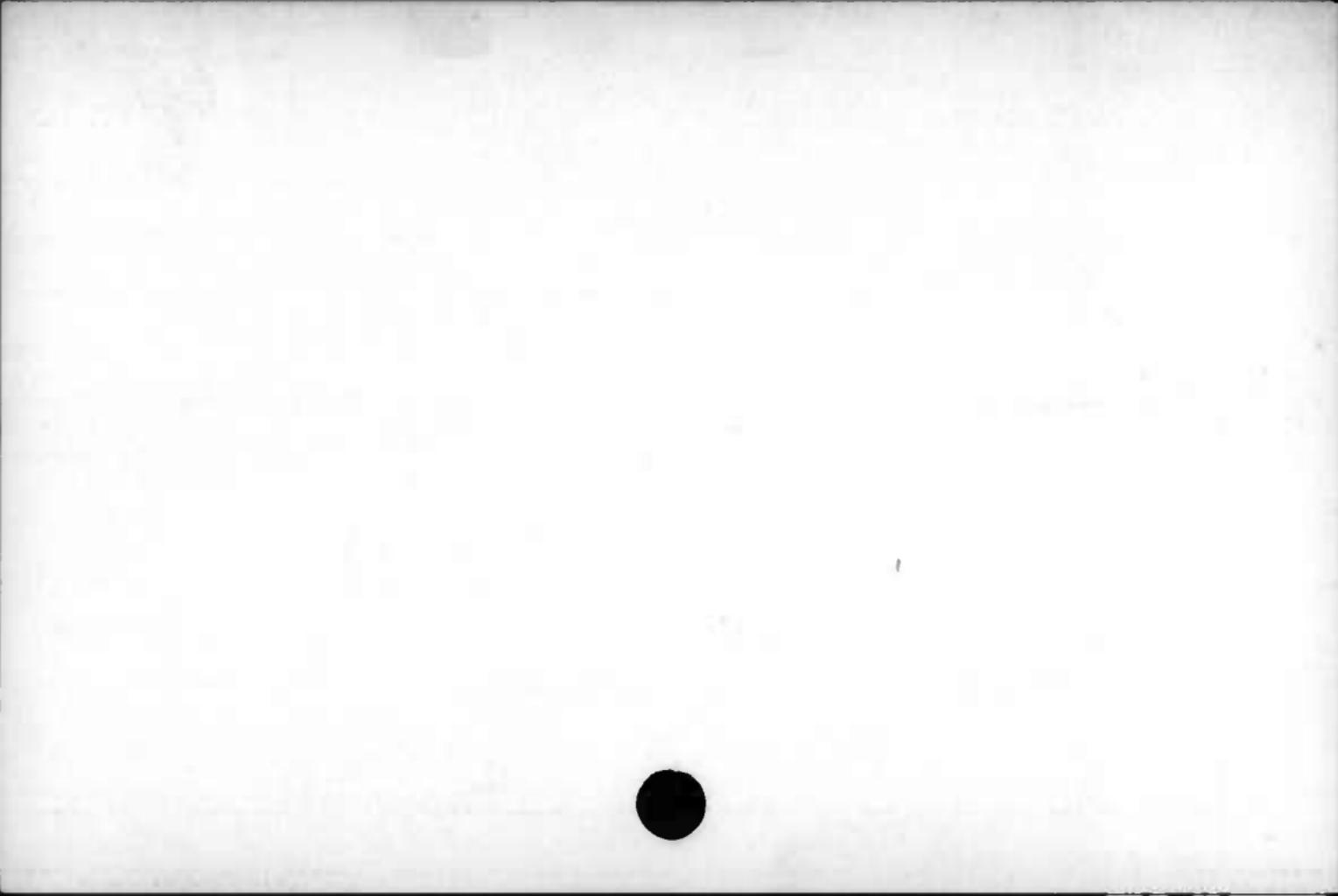
Yes

Signature of
Physician

Address

S. A. Bonchen
Bartow, Md

Accident or Suicide?



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Richard Bender

CERTIFICATE OF DEATH

Died at		Town	County		MARYLAND		
Date of death	Month	Day	Years		Months	Days	
1908	Feb	29	Age	76			
Sex	Male	Color or Race	White	Birth-place	Germany		
Occupation	Contractor		Where Residing if not at place of death				
Married, Single or Widowed	Married	Name of Wife or Husband	Mary A Bender	Father's Birthplace	Germany		
Father's Name	Joseph Bender		Mary A Bender	Mother's Birthplace	Germany		
Mother's Maiden Name	Mary Beigal		Mary A Bender	How related to deceased	Son		
Name of person giving information	Richard Bender						

CAUSES OF DEATH

120

How long

for years

How long

24 hrs

Primary

nephritis

Immediate

meconic Conus

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

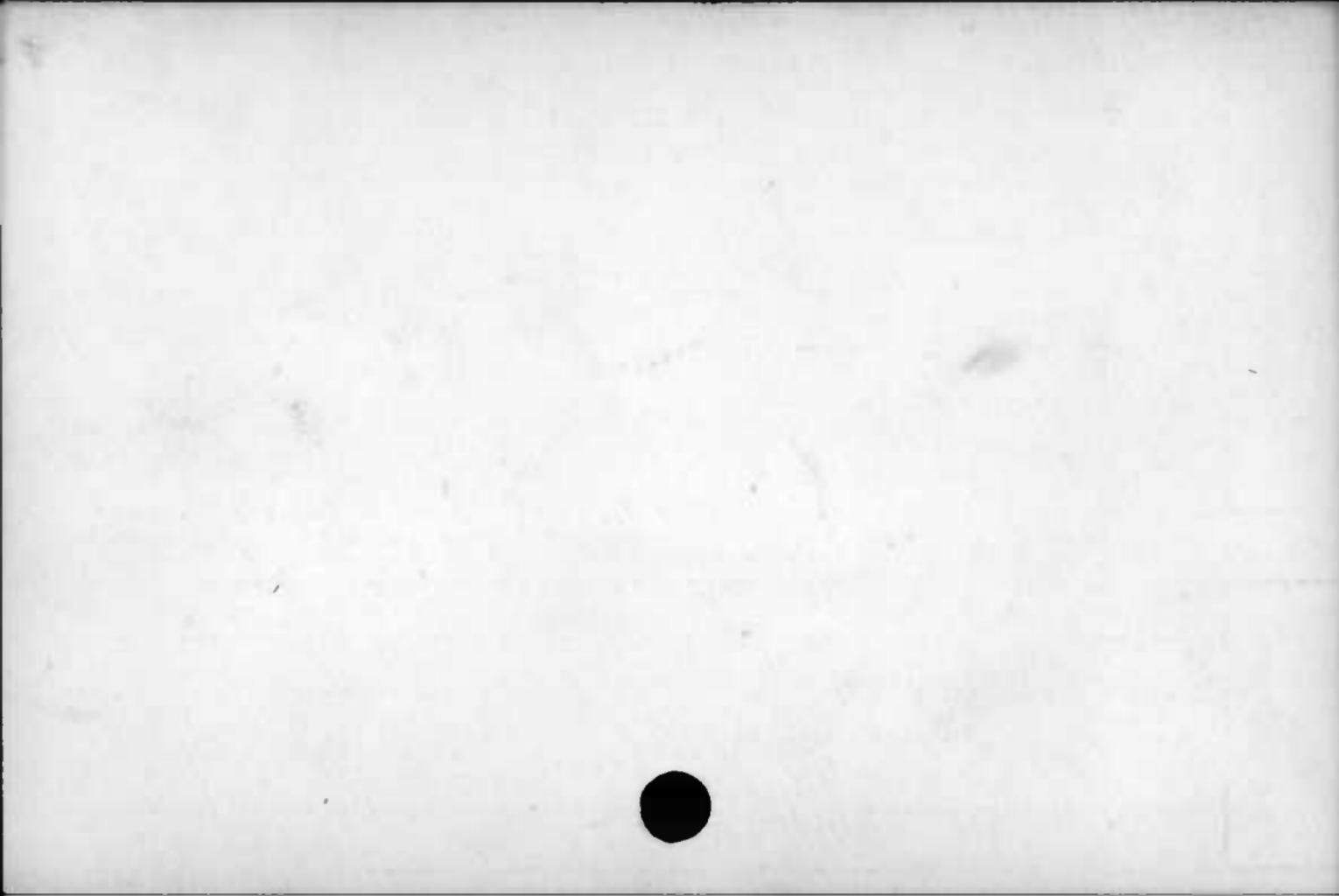
Geo Lileordy

Cumberland
Cumberland
Md

88

Accident or Suicide?

within



Name
in
Full

Teddy Biaski

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

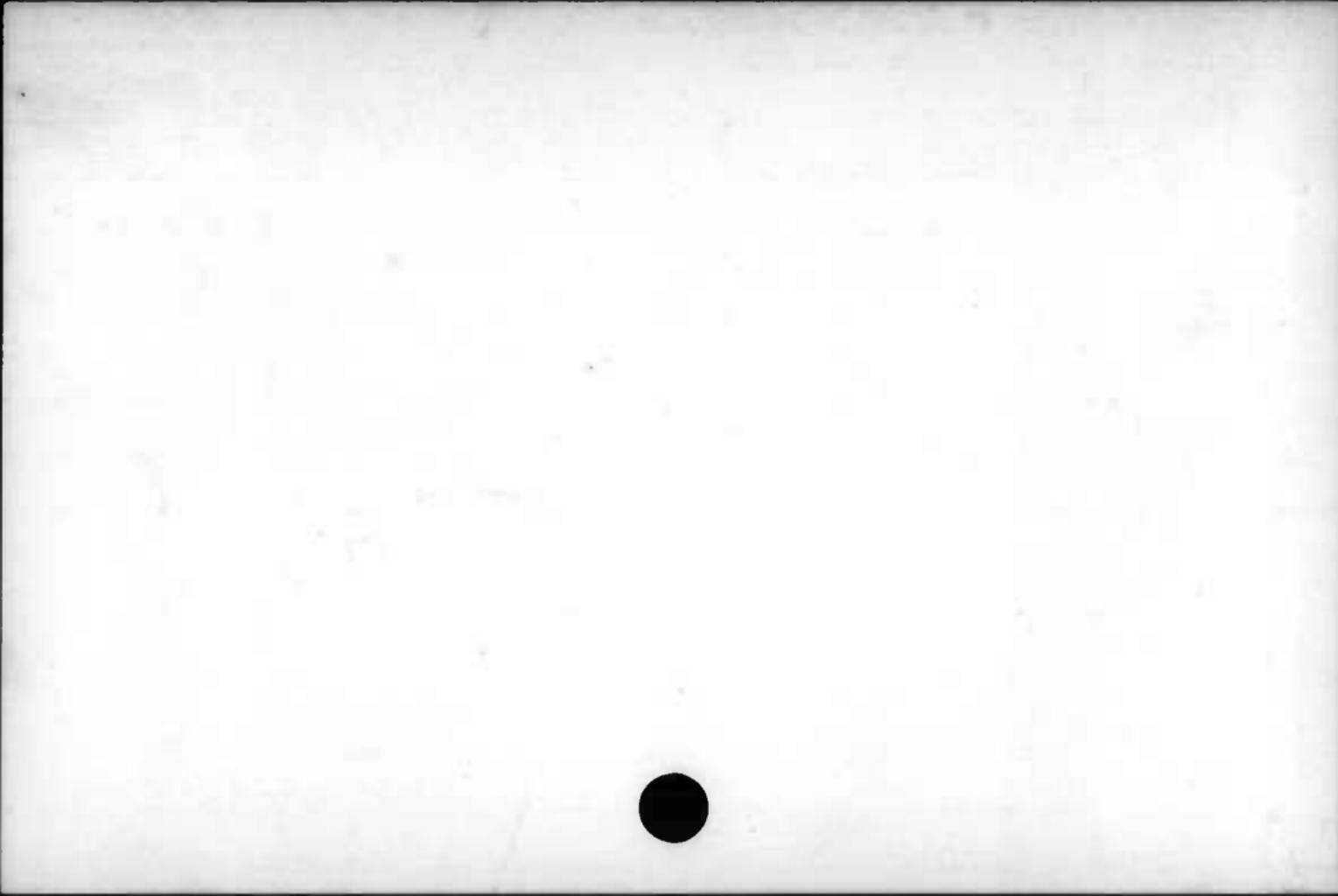
PHYSICIAN
OR CORONER

Died at <u>Westminster</u> Town		County <u>Allegany</u>		MARYLAND	
Date of death <u>1908</u>	Month <u>Sept</u>	Day <u>31</u>	Years <u>8 -</u>	Months <u>-</u>	Days <u>-</u>
Sex <u>male</u>	Color or Race <u>white</u>			Birth-place <u>W.W.</u>	
Occupation		Where Residing if not at place of death			
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	<u>Joseph Biash</u>				
Mother's Maiden Name	<u>Julia Biaski</u>				
Name of person giving information	<u>Mother of child</u>				

CAUSES OF DEATH

179

Primary <u>Don't know. - dead</u>	How long <u>About</u>
Immediate <u>when I got to home</u>	How long <u>10 hours.</u>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician
<u>yes</u>	b.J. Foyenbaker
	Address <u>Westminster, Md.</u>
Accident or Suicide?	



Name
in
Full

Clara Rosetta Jane Boor.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

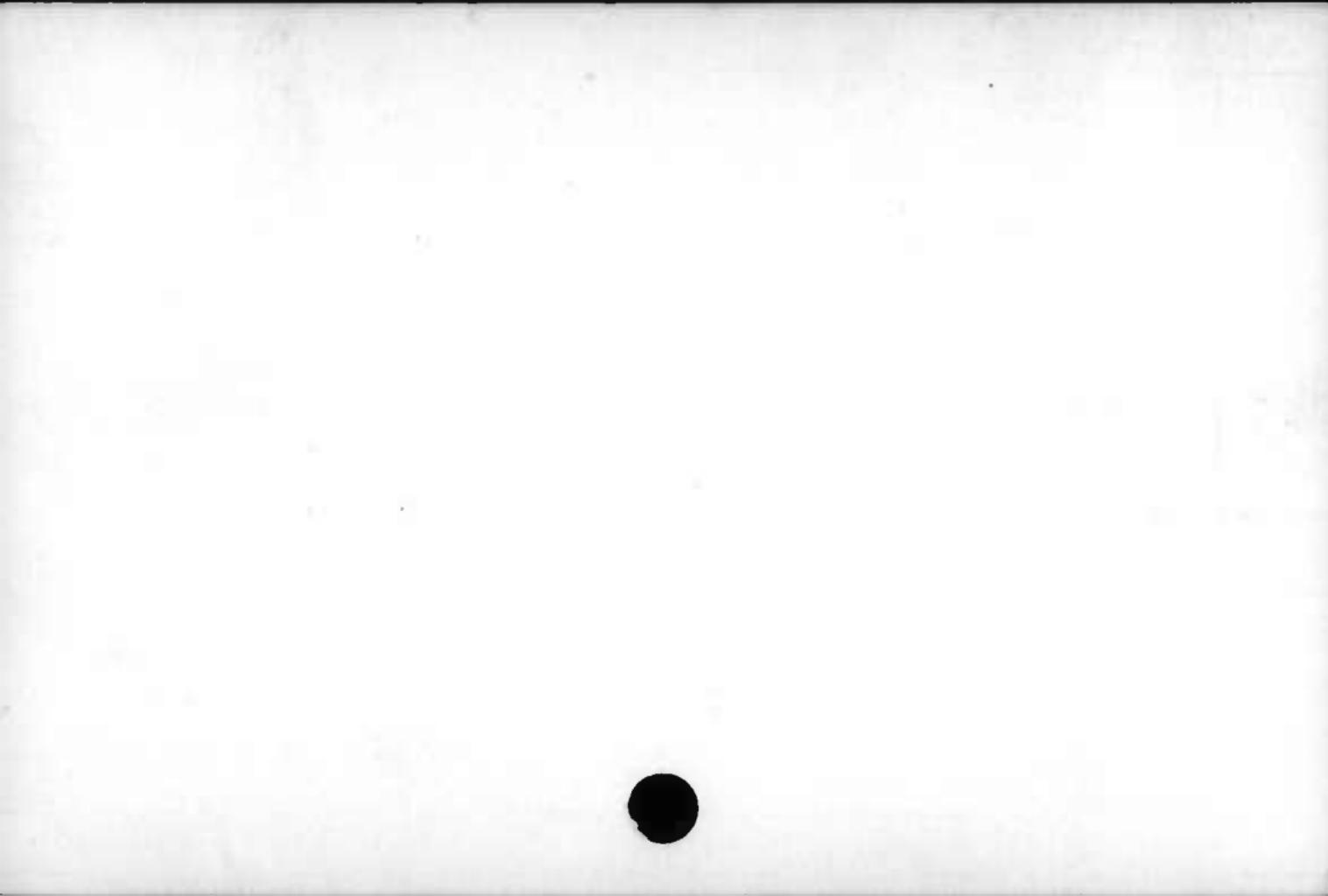
Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age			
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	Tilden R. Boor		Father's Birthplace	Penns'	
Mother's Maiden Name	Bertha Parren		Mother's Birthplace	Penns'	
Name of person giving Information	Tilden R. Boor,		How related to deceased	Father	

CAUSES OF DEATH

90

PHYSICIAN
OR CORONER

Primary	Capillary Bronchitis		How long	5 wks
Immediate	Exhaustion		How long	2 day s
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	F. Alan E. Kenna, M.D.	
		Address	142 S. Orange Ave.	
Accident or Suicide?	no		fwd	



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Brannum

CERTIFICATE OF DEATH

Died at

Mt Savage

Town

County

MARYLAND

Date
of death

1908

Month

Feb

Day

15

Years

Age

Months

Days

Sex

Male

Color or
Race

White

Birth-
place

Mt Savage

Occupation

Where Residing if not
at place of death

Married, Single
or Widowed

Name of Wife or
Husband

Father's
Name

Wm Brannum

Father's
Birthplace

Wm

Mother's
Maiden Name

Annie Farrell

Mother's
Birthplace

Mt Savage Md

Name of person giving
Information

How related
to deceased

CAUSES OF DEATH

(S)

Primary

Stillbirth

How long

Immediate

How long

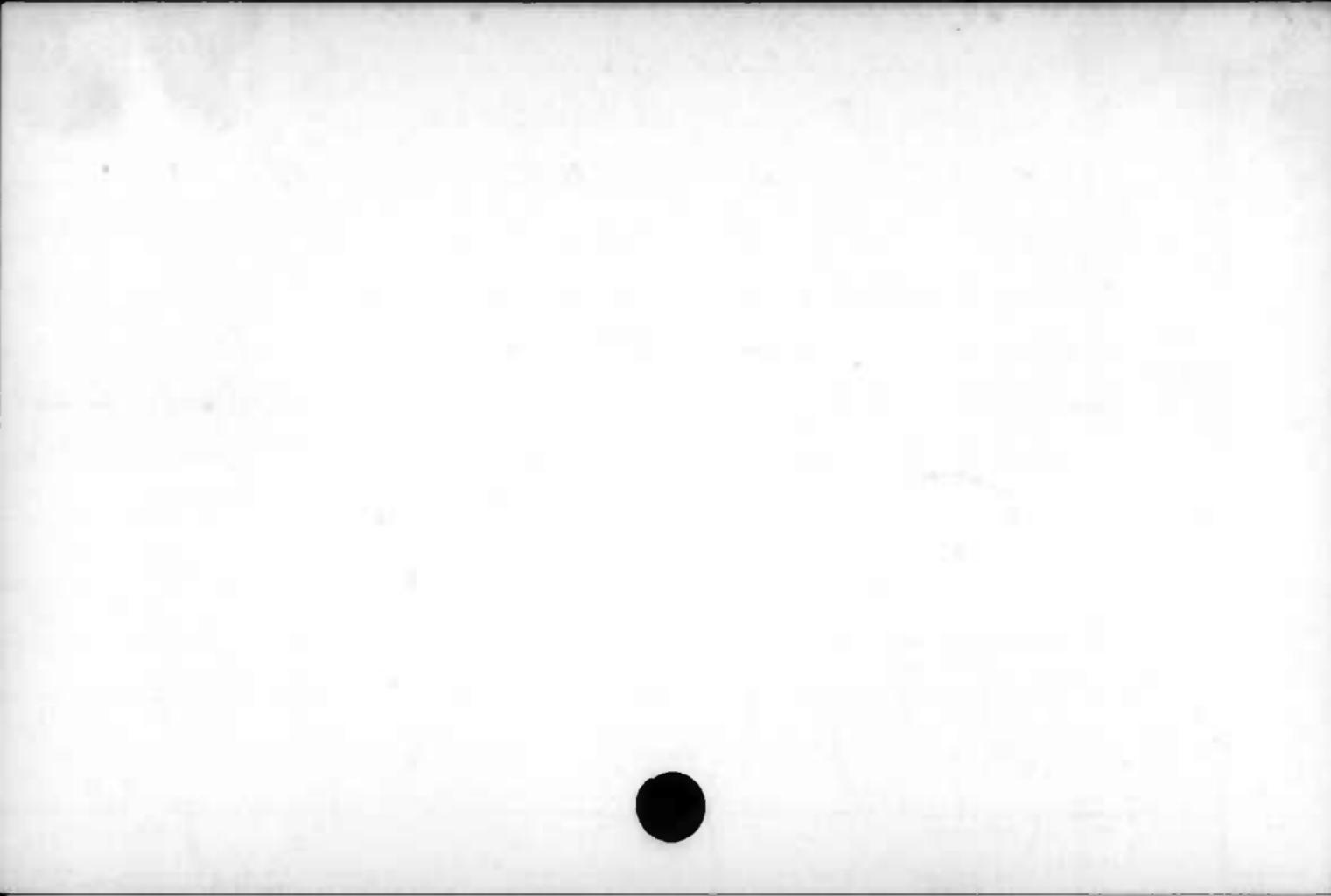
Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

Address

F. Alan G. Munayek
Mt Savage
Md

Accident or Suicide?



Name
in
Full

Charlotte Cathcart.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Frostburg</u>		Town	County <u>Allegany</u>	
Date of death <u>1908</u>	Month <u>7</u>	Day <u>13</u>	Age <u>68</u>	Years <u>7</u> Months <u>11</u> Days <u>28</u>
Sex <u>Female</u>	Color or Race <u>white</u>		Birthplace <u>Belfast Ireland</u>	
Occupation <u>Housewife</u>	Where Residing if not at place of death			
Married, Single or Widowed <u>widow</u>	Name of Wife or Husband <u>Charles Cathcart</u>			
Father's Name <u>James Mc Kee</u>	Father's Birthplace <u>Belfast Ireland</u>			
Mother's Maiden Name <u>Sarah Stevenson</u>	Mother's Birthplace <u>Belfast Ireland</u>			
Name of person giving information <u>James Cathcart</u>	How related to deceased <u>Son.</u>			

CAUSES OF DEATH

(10)

PHYSICIAN
OR CORONER

Primary

Grip.

How long

1 week

Immediate

Hypostatic pneumonia.

How long

4 days.

Are the name, age, sex, color, date and place correctly given above?

Yes

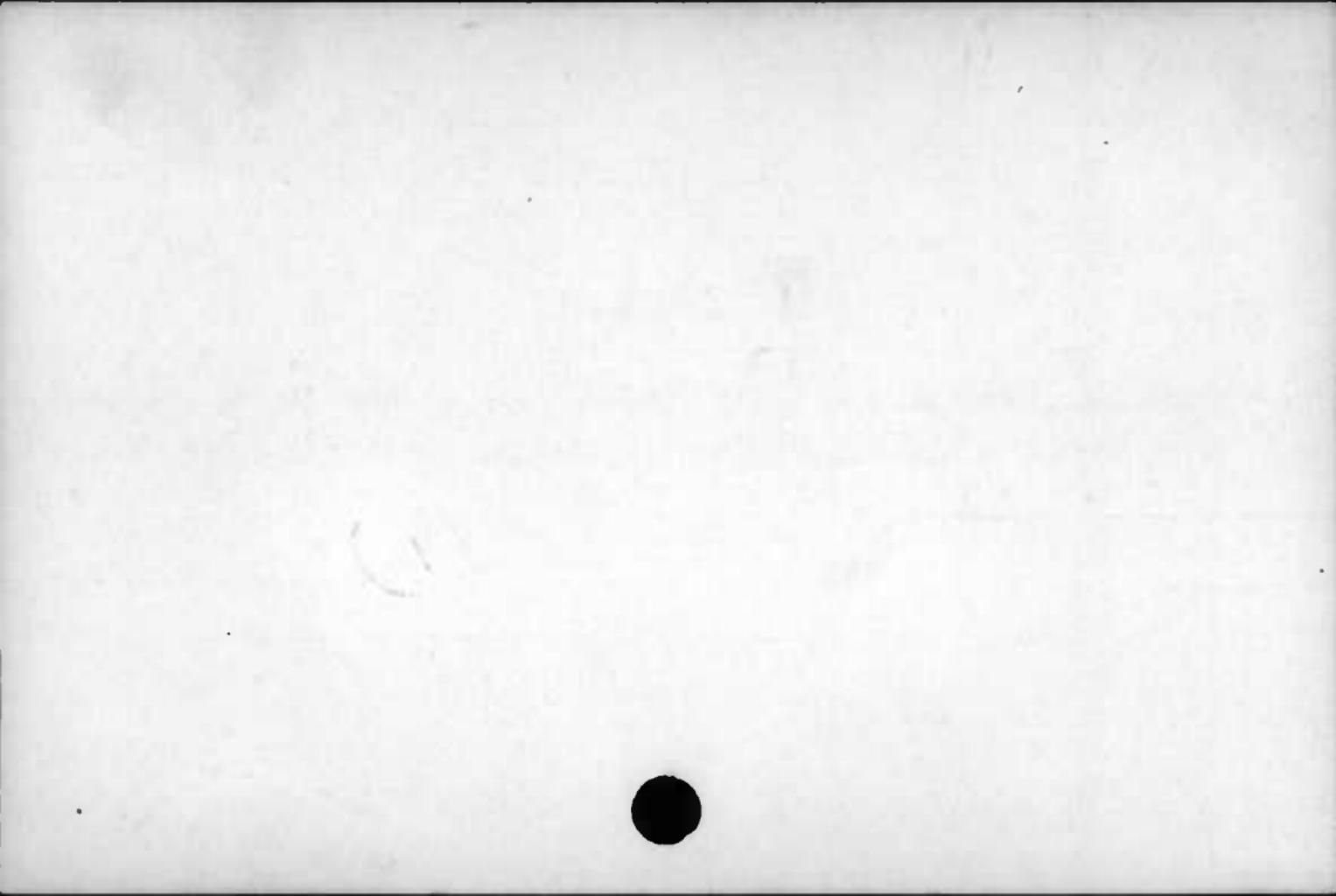
Signature of Physician

Address

Clarendon
First Street

Accident or Suicide?

No.



Name
In
Full

Edward Cessna (Asylum)

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND	
Date of death	Month	Day	Years	Months Days
Sex	Color or Race	Age	Birth-place	
Occupation	Where Residing if not at place of death			
Married, Single or Widowed	Name of Wife or Husband			
Father's Name	Father's Birthplace			
Mother's Maiden Name	Mother's Birthplace			
Name of person giving information	How related to deceased			

Quintland Allegany Newkuron Newkuron Newkuron Newkuron Newkuron No

CAUSES OF DEATH

14

PHYSICIAN
OR CORONER

Primary

Obstruction

How long

2 weeks

Immediate

Exhaustion

How long

2 weeks

Are the name, age, sex, color, date and place correctly given above?

Yes

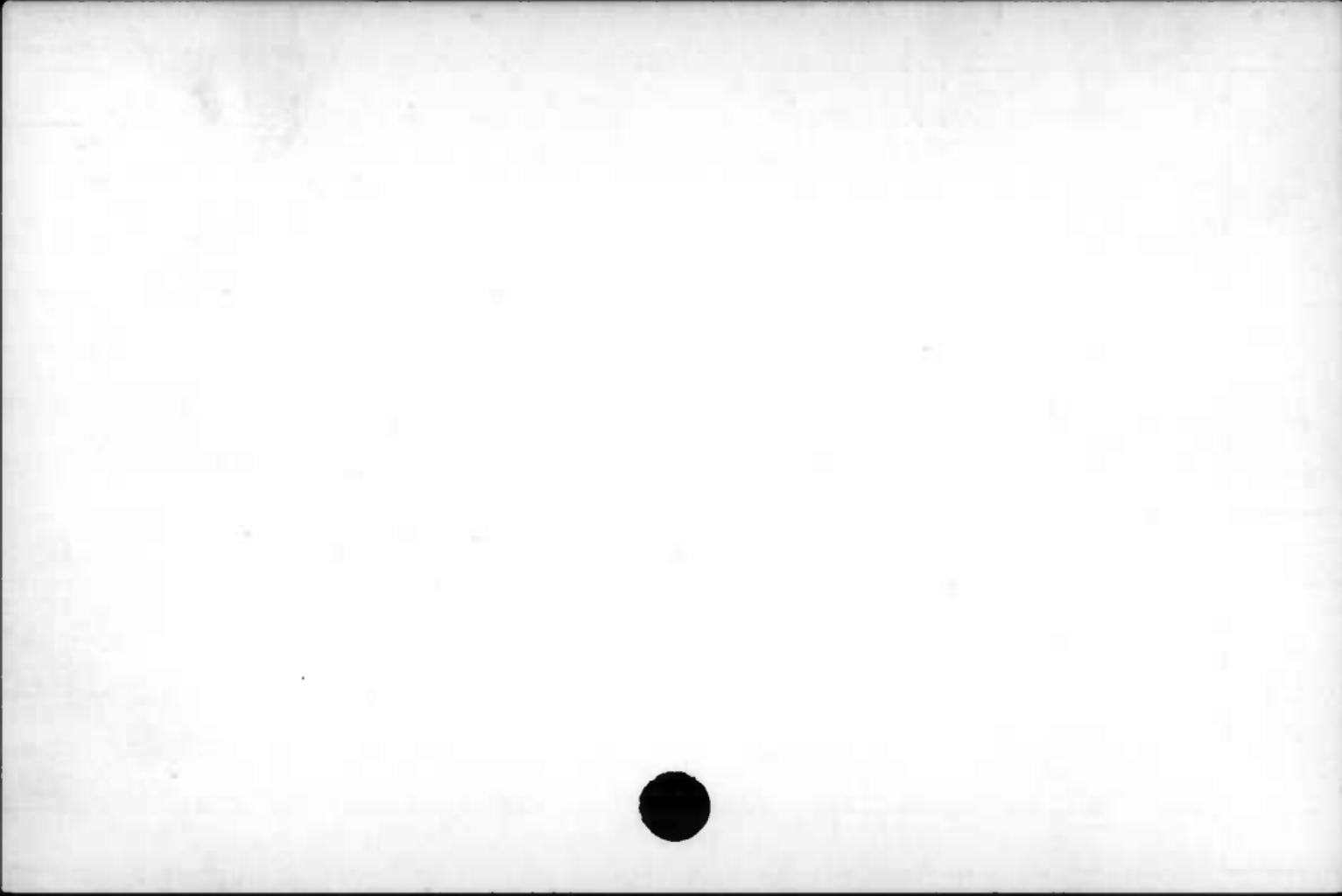
Signature of Physician

Address

O. F. Swagg,
Quintland, W. Va.

I

Accident or Suicide?



Name
in
Full

Joseph Wilbur Clark

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND



Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age			
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband	Sir John Run Park Johns H. sc			
Father's Name	Sir John Run W. sc				
Mother's Maiden Name	W. Co Md				
Name of person giving Information	Father				

CAUSES OF DEATH 108

PHYSICIAN
OR CORONER

Primary Intestinal Obstruction

How long 6 1/2 Days

Immediate Peritonitis Post Mortem

How long 2 days

Are the name, age, sex, color, date and place correctly given above?

yes.

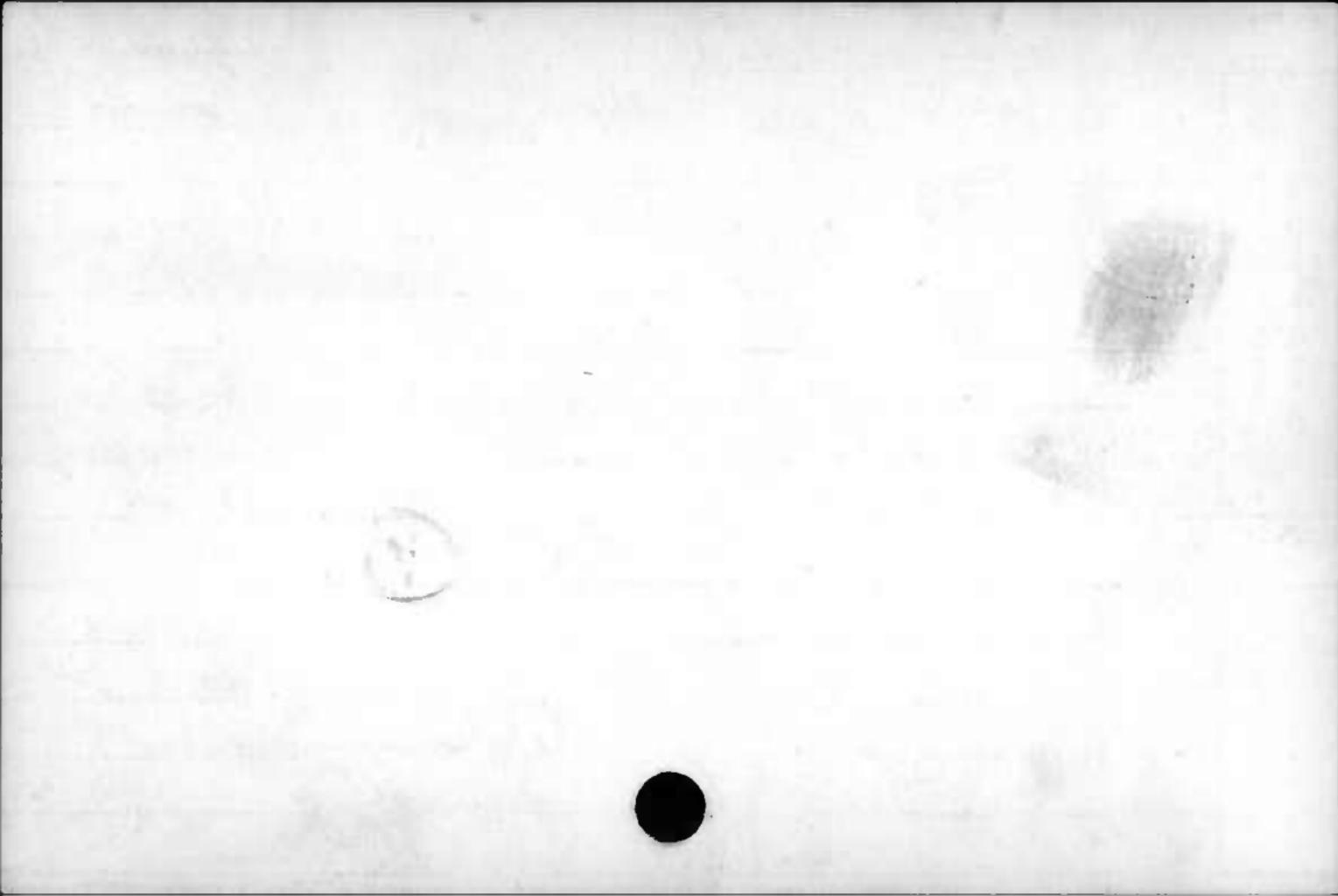
Signature of Physician

Address

E. Belafrom and
C. Mulcahy M.D.
110 E. 6th St.



Accident or Suicide?



Name
in
Full

Louis R. Cline

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND
on farm.	Allegany		
Date of death	Month	Day	Years
1908	2.	12.	Age
Sex	Male	Color or Race	White
Occupation	infant	Where Residing if not at place of death	Allegany County
Married, Single or Widowed	unm	Name of Wife or Husband	Annie Cline
Father's Name	Charles Cline	Father's Birthplace	Allegany County
Mother's Maiden Name	Annie Driggs	Mother's Birthplace	Allegany County
Name of person giving information	George Cline	How related to deceased	Uncle

CAUSES OF DEATH

9

How long

Two days

How long

Six hours

PHYSICIAN
OR CORONER

Primary

Pneumonia

Immediate

Cramp

Are the name, age, sex, color, date and place correctly given above?

Yes -

Signature of Physician

Address

C. C. Cunningham

Gardening

Maryland

H

Accident or Suicide?

Calises Farm.

Lans Mountain

J. Hafer

Name
in
Full

Mrs. Phos. Clise - Mary Ann Clise - allegany

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at

Gilmour

Town

County

MARYLAND

Date
of death

1908

Month

Feb.

Day

26

Age

39

Years

39

Months

1

Days

-

Sex

Female

Color or
Race

White

Birth-
place

Rawlings, Md.

Occupation

House wife

Where Residing if not
at place of death

Gilmour

Married, Single
or Widowed

Married

Name of Wife or
Husband

Phos. Clise

Father's
Birthplace

Barton Md

Father's
Name

Geo. H. Stevenson

Mother's
Maiden Name

Martha Dawson

Mother's
Birthplace

Rawlings Md

Name of person giving
Information

Phos. Clise

How related
to deceased

Husband

CAUSES OF DEATH

27

How long

9 months

Primary

Pulmonary Tuberculosis

Immediate

Pulmonary Tuberculosis

How long

9 months

PHYSIAN
OR CORONERAre the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

Address

F. P. O'Neil

midland, md

+

Accident or Suicide?

no



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days	
Sex	Male	Color or Race	Age	39	-	
Occupation	Laborer		Where Residing if not at place of death	Berkeley Spring, W. Va.		
Married, Single or Widowed	Married	Name of Wife or Husband	Sophia Jones	Father's Birthplace	Va	
Father's Name	George Colley		Do not know	Mother's Birthplace	Do not know.	
Mother's Maiden Name	Do not know		How related to deceased	sister		
Name of person giving Information	Jennie Alexander					
CAUSES OF DEATH						
Primary	Lagrippe,			(10)	How long	2 weeks
Immediate	Congestion of lungs				How long	3 days

PHYSICIAN
OR CORONER

I

Are the name, age, sex, color, date and place correctly given above?

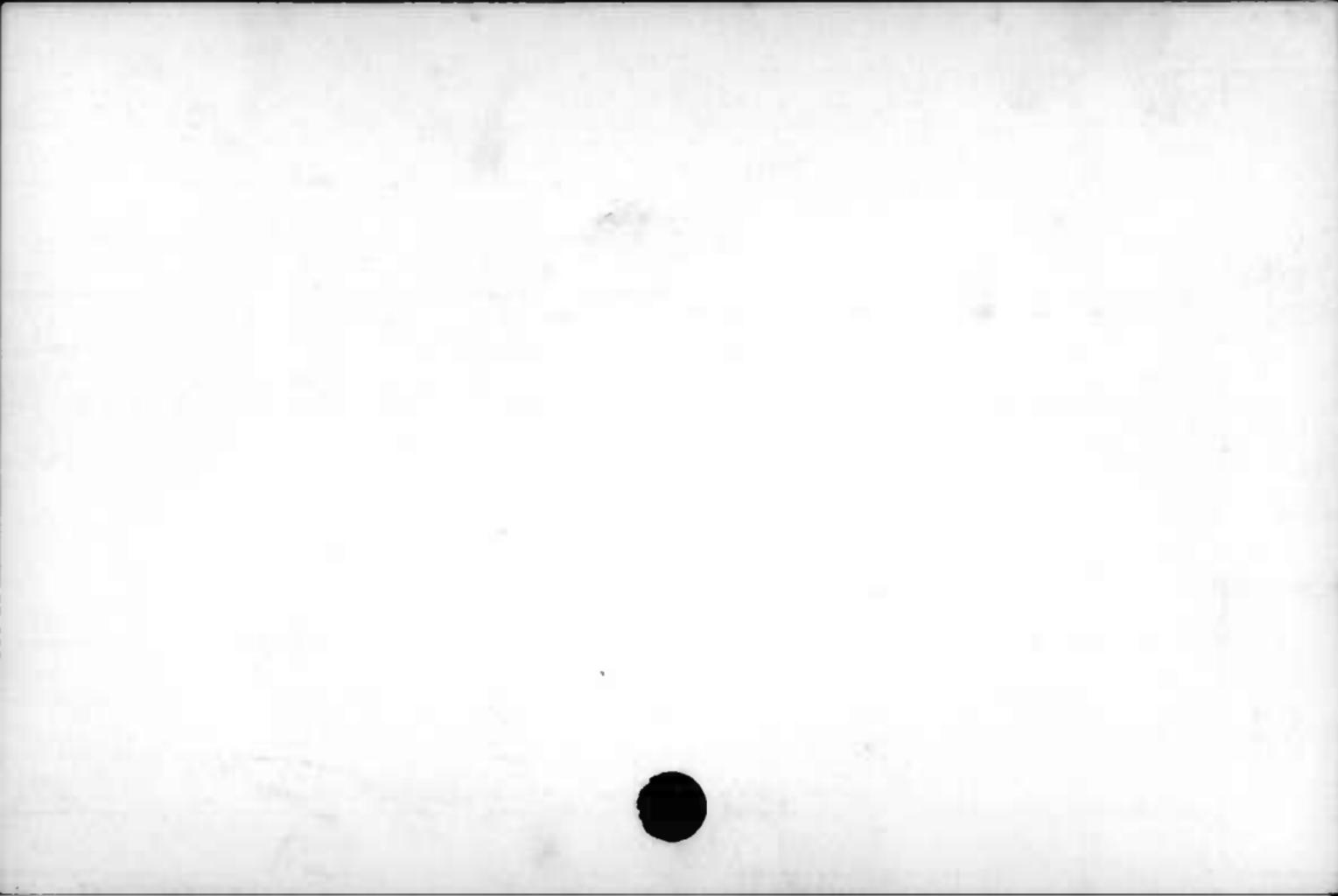
yes

Signature of Physician

Address

G. F. Tewigg,
Cumberland,
Md.

Accident or Suicide?



Name
in
Full

Martia Cook

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Female	Color or Race	Age	57	—
Occupation	Housewife		Where Residing if not at place of death		
Married, Single or Widowed	Married	Name of Wife or Husband	George O. Cook	Father's Birthplace	Wales
Father's Name	Miles O. Myrick		Mary Dando	Mother's Birthplace	England
Mother's Maiden Name	Mary Dando		Walter Cook	How related to deceased	Son
Name of person giving information					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Cancer of Liver

40

How long

1 year

Immediate

Progressive Anemia

How long

1 month

Are the name, age, sex, color, date and place correctly given above?

yes

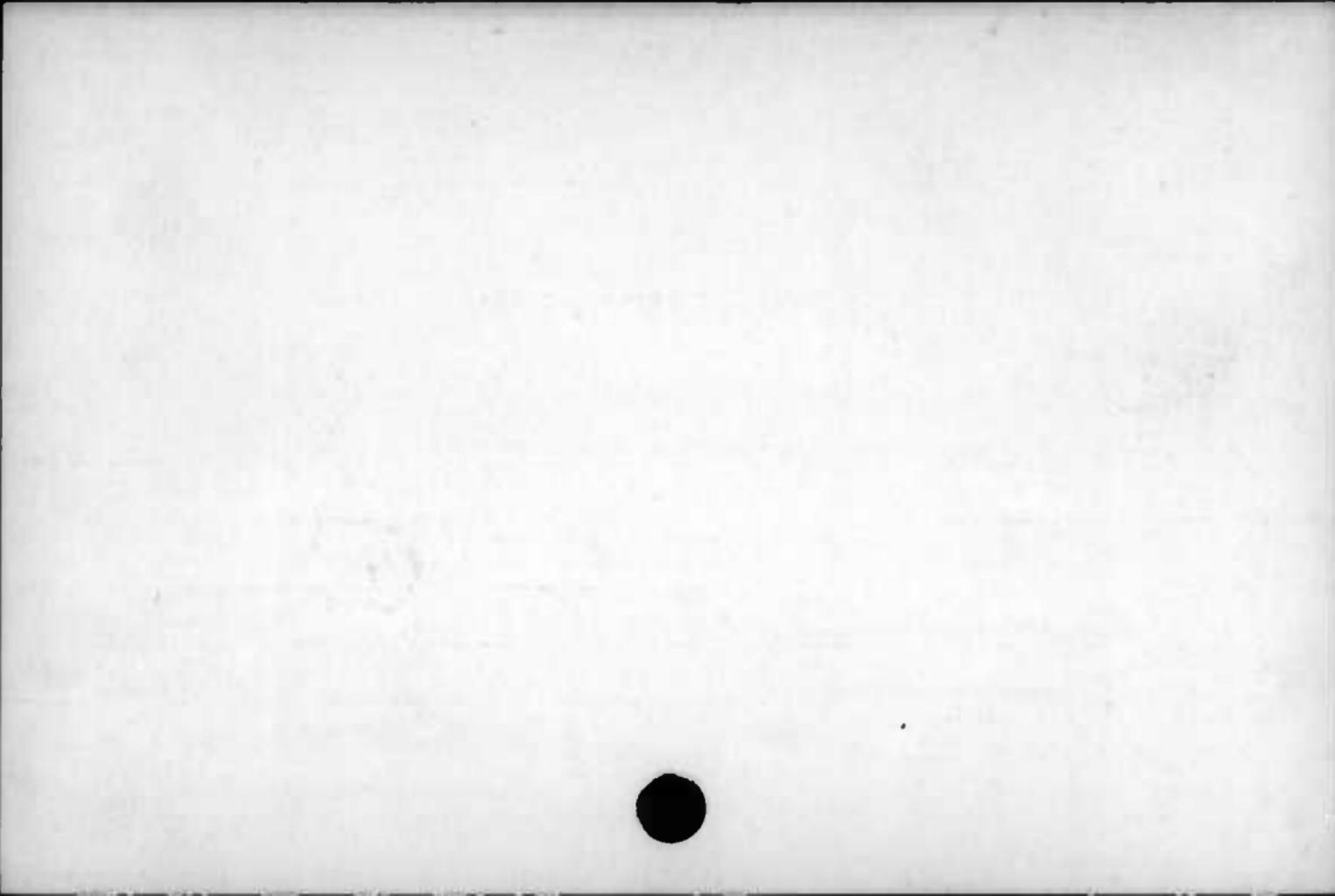
Signature of Physician

Abbott R. Walker

Address

Frostburg, Md.

Accident or Suicide?



Name
in
Full

Carrie Coonrad.

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND	
Date of death	Month	Day	Years	Months Days
Sex	Female	Color or Race	Age	-
Occupation	None	Where Residing if not at place of death		
Married, Single or Widowed	Single.	Name of Wife or Husband	None.	
Father's Name	Amos Coonrad			Father's Birthplace
Mother's Maiden Name	Emma Clingaman			Mother's Birthplace
Name of person giving information	Amos Coonrad			How related to deceased

CAUSES OF DEATH

179

How long

4 month

How long

4 month

PHYSICIAN
OR CORONER

Primary

Inanition

Immediate

Inanition

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

H. D. Davis M.D.
Canton, Ohio

Address

Accident or Suicide?

Igglehill

Orleans & Res.

alleg Co Md.

Name
in
Full

Elmer Corrigan

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

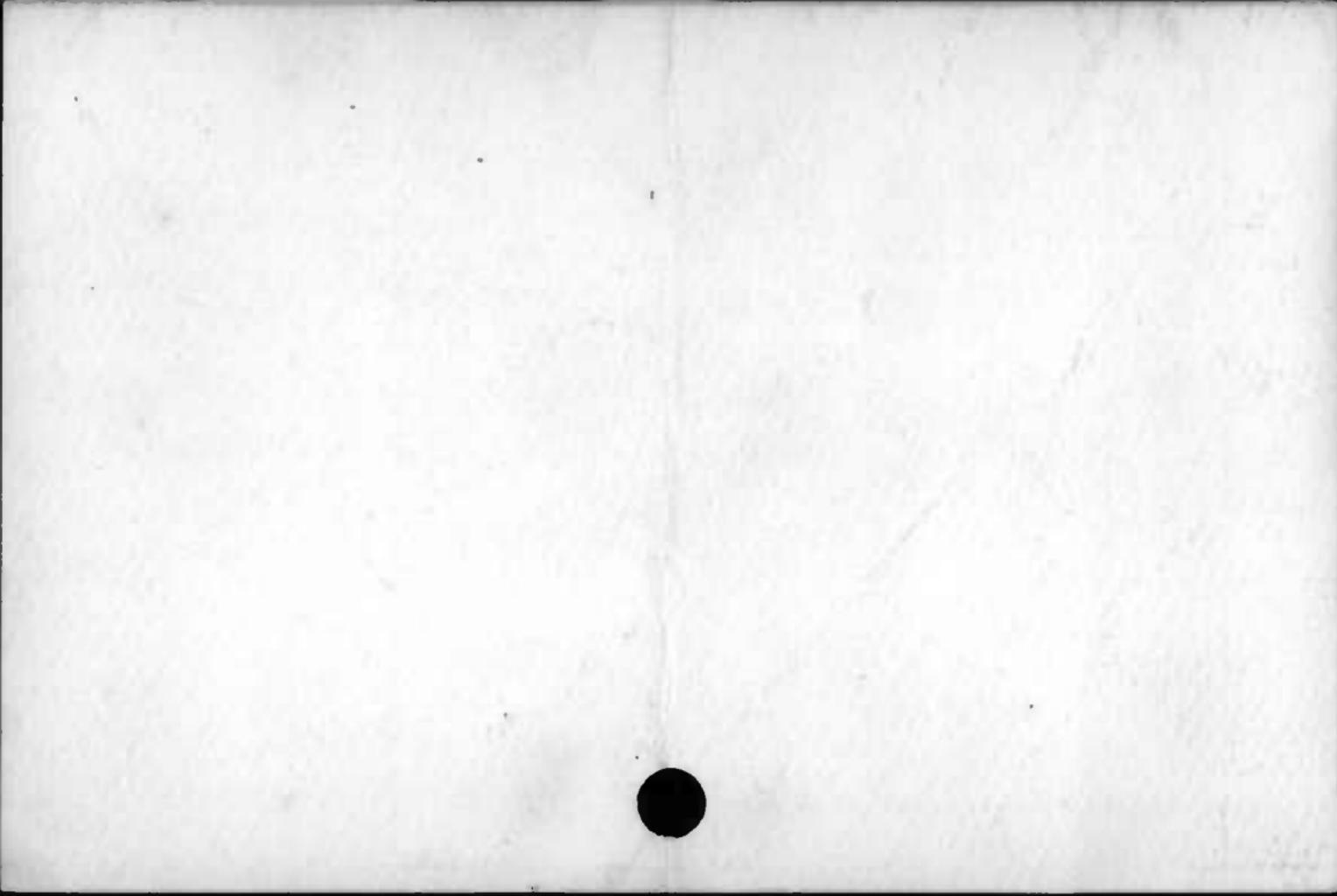
Died at	Town	County	MARYLAND			
Date of death	Month	Day	Years	Months	Days	
Sex	Color or Race	Age	2	9	13	
Occupation	Where Residing if not at place of death					
Married, Single or Widowed	Name of Wife or Husband	Mary Corrigan				
Father's Name	Joseph Corrigan					Father's Birthplace
Mother's Maiden Name	Mary Kinn					Mother's Birthplace
Name of person giving information	Dr. O. Kiviller					How related to deceased

CAUSES OF DEATH

6

PHYSICIAN
OR CORONER

Primary	Measles		How long
Immediate	Pneumonia		How long
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	Dr. O. Kiviller
		Address	Malvern
Accident or Suicide?	No		



Name
in
Full

Sarah Curry.

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND'
Date of death	Month	Day	Years Months Days
Sex	Color or Race	Age	
Occupation	Where Residing if not at place of death		
Married, Single or Widowed	Name of Wife or Husband		
Father's Name	Do not know -		
Mother's Maiden Name	Do not know		
Name of person giving information	George Wells.		

CAUSES OF DEATH

120

How long

2 yrs?

How long

3 days

PHYSICIAN
OR CORONER

Primary

Bright's I.

Immediate

Al dema young

Are the name, age, sex, color, date and place correctly given above?

yes.

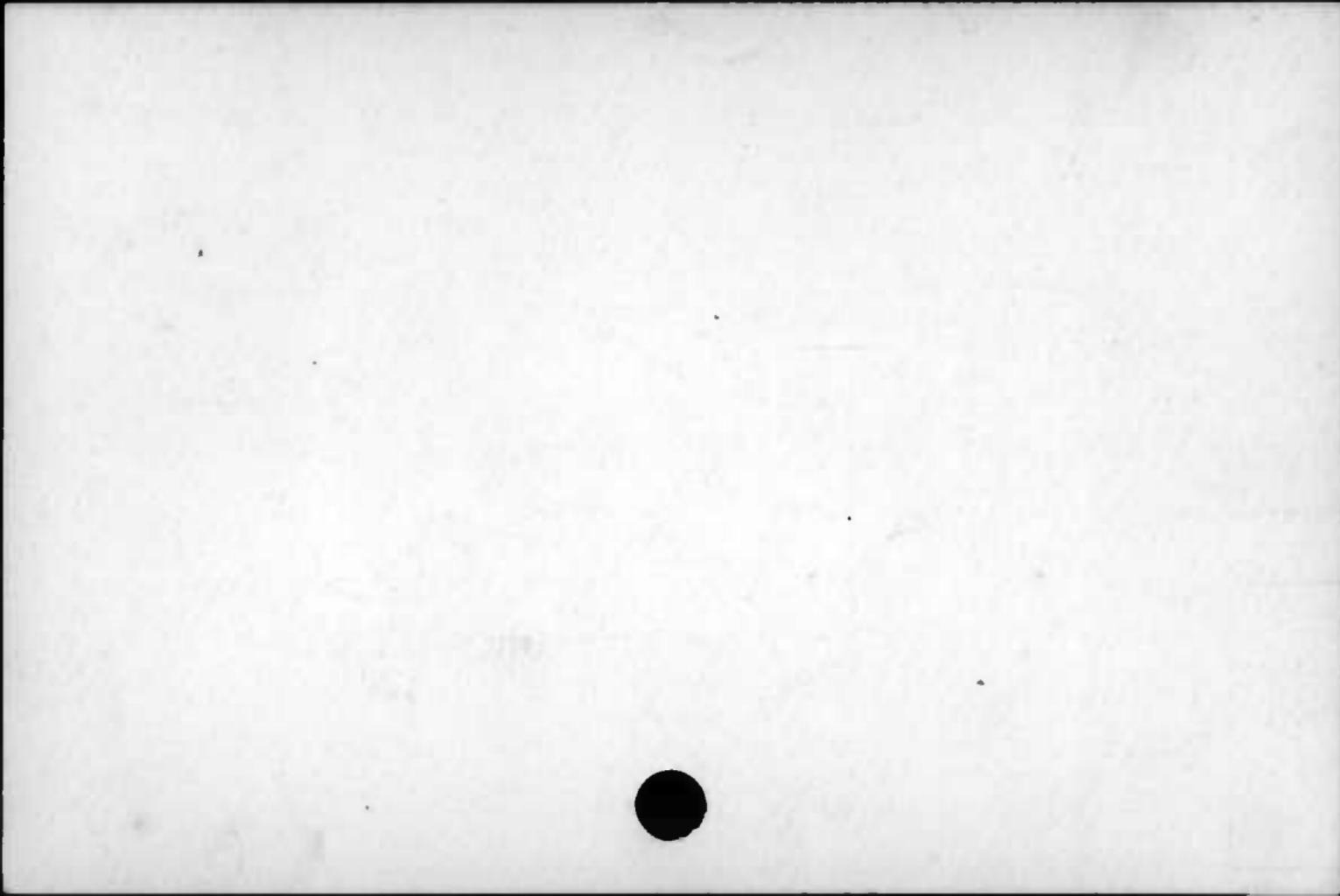
Signature of Physician

Address

A. Leo Landrie

Franklinton,
Md.

Accident or Suicide?



Name
in
Full

Raymond Albert Dahl

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age	Birth-place		
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	William Dahl.				
Mother's Maiden Name	Ruthie Beal	Germany			
Name of person giving information	William Dahl	Allegany Co Md			
How related to deceased Father					
CAUSES OF DEATH					
Primary	Pneumonia, Bronchitis				
Immediate	Cardiac Failure				
Are the name, age, sex, color, date and place correctly given above?		yes	Signature of Physician	92	
Signature		H. Bleecher Cook			
Address		109 Brook Cumberland			
How long 3 days					
How long —					

PHYSICIAN
OR CORONER

Accident or Suicide?

221 Columbia Ave.

Name
in
Full

Maria Damm

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Year Died at	Town Cumberland	County allegany	MARYLAND		
Date of death	Month Feb	Day 9	Years Age 79	Months 7	Days 11
Sex Female	Color or Race White	Birth- place Germany			
Occupation Wife	Where Residing if not at place of death -				
Married, Single or Widowed Married	Name of Husband John George Damm	Father's Name Eckhardt Kuhn	Father's Birthplace Germany		
Mother's Maiden Name Elizabeth Schmidt	Mother's Birthplace Germany	Name of person giving Information John George Damm	How related to deceased Husband		

CAUSES OF DEATH

79

How long

may months

How long

PHYSICIAN
OR CORONER

Primary

Organic disease of Heart

Immediate

Proxey. Exhaustion

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Address

Spencerwood
Cumberland
Maryland

Stern

Accident or Suicide?

10 stars

Name
in
Full

Ida S Davis

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

H

Died at		Town	County		MARYLAND	
Date of death	Month	Day	Years	Months	Days	
1908	Fely	11	50	4	-	
Sex	Female	Color or Race	White	Birth-place	Martinsburg W. Va.	
Occupation	Wife	Where Residing if not at place of death				
Married, Single or Widowed	Married	Name of Wife or Husband	Steve Davis			
Father's Name	John Pipers	Father's Birthplace	Mo			
Mother's Maiden Name	Mary McGowan	Mother's Birthplace	W. Va			
Name of person giving information	Steve Davis	How related to deceased	Husband			

CAUSES OF DEATH

79

How long

How long

Valunor Leosage & Chain Nephritis second year

Immediate Tederua of lungs

Are the name, age, sex, color, date and place correctly given above?

Stein

Signature of Physician

Address

63 Allegany Street
Cumberland

Accident or Suicide?

6 cherry.

Name
in
Full

Isaac Davis

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age			
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband	Caroline Davis			
Father's Name	Unknown				
Mother's Maiden Name	Unknown				
Name of person giving information	Wm. Davis				

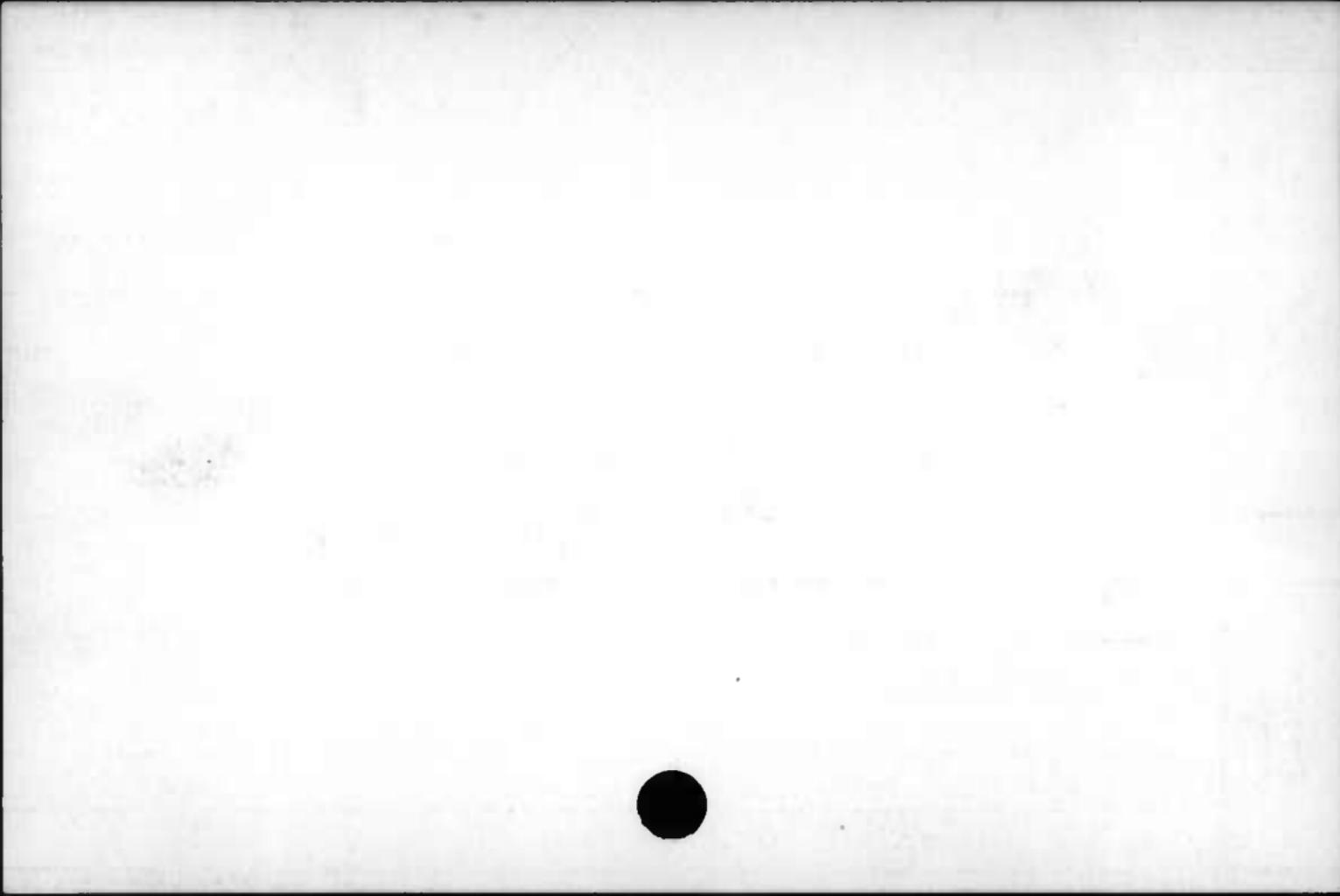
CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary	Organic heart disease			How long	Some years
Immediate	Heart failure			How long	a few minutes
Are the name, age, sex, color, date and place correctly given above?			Signature of Physician	G. G. Burke	
JGW			Address	Lumberland Md	

Accident or Suicide?



Name

Sarah Day

TO BE ANSWERED BY
NEAREST FRIEND

CERTIFICATE OF DEATH

Died at <u>Gunned</u>		County <u>Alleg</u>		MARYLAND		
Date of death <u>1908</u>	Month <u>Feb</u>	Day <u>25</u>	Years <u>57</u>	Months <u>-</u>	Days <u>-</u>	
Sex <u>Female</u>	Color or Race <u>White</u>	Birth-place <u>Md</u>				
Occupation <u>Housewife</u>	Where Residing if not at place of death <u> </u>					
Married, Single or Widowed <u>Widowed</u>	Name of Wife or Husband <u> </u>					
Father's Name <u>Andrews Day</u>	Father's Birthplace <u> </u>					
Mother's Maiden Name <u>Elizabeth Howard</u>	Mother's Birthplace <u> </u>					
Name of person giving information <u>Ollie Dawson</u>	How related to deceased <u>Daughter</u>					

CAUSES OF DEATH

108

How long

Two weeks

How long

PHYSICIAN OR CORONER

Primary

Strangulated Hernia (inguinal)

Immediate

Exhaustion

Are the name, age, sex, color, date and place correctly given above?

Yes.

Signature of Physician

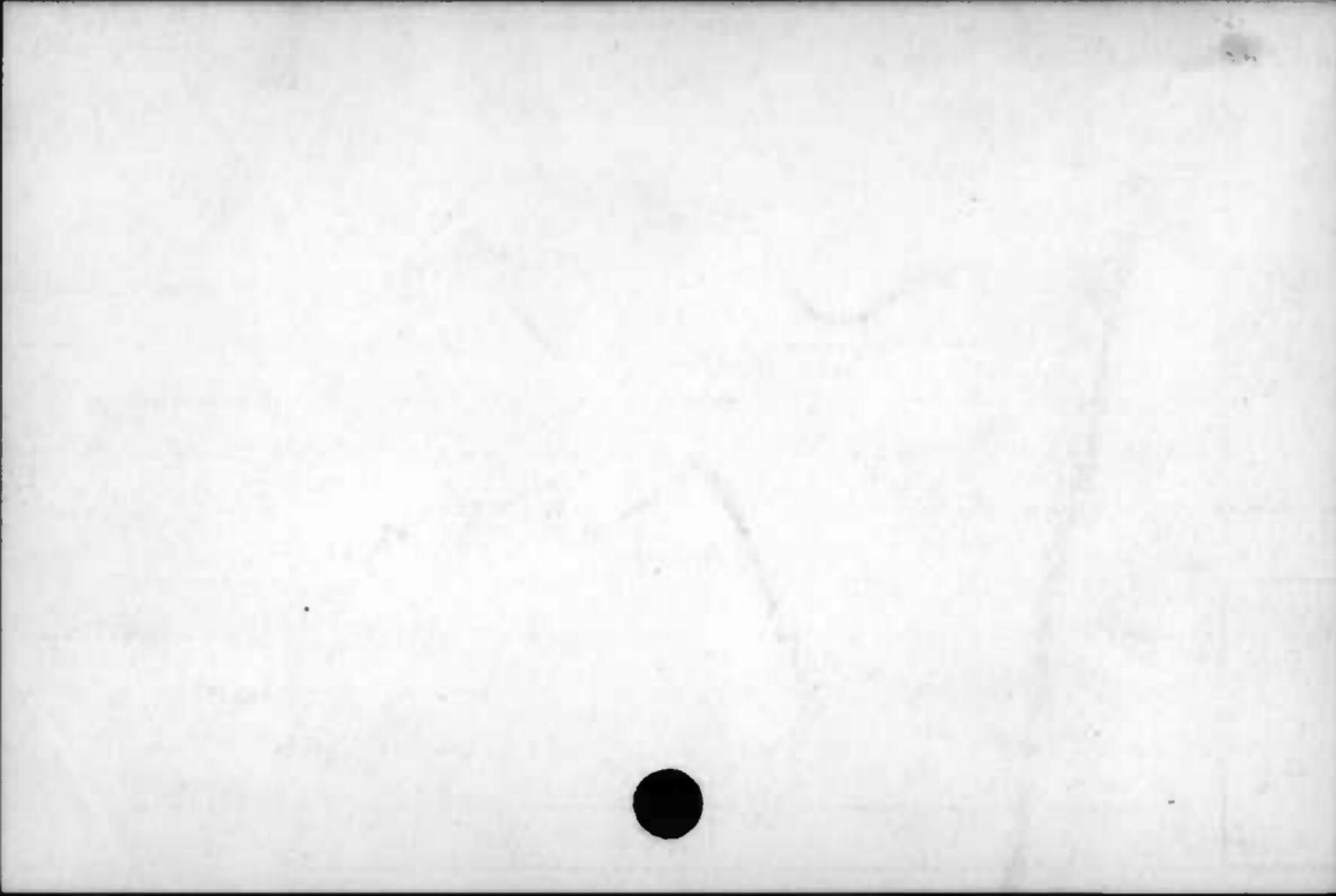
J.W. Scheckman,

Address

Cumberland Rd.
Tipton

H

Accident or Suicide?



Name
in
Full

Lena Catharine Drifbaugh

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at <u>Sa Cumbland</u>		Town	County <u>Allegany</u>		MARYLAND		
Date of death <u>1908</u>	Month <u>Jul</u>	Day <u>28</u>	Age <u>19</u>	Years	Months <u>10</u>	Days <u>19</u>	
Sex <u>Female</u>	Color or Race <u>White</u>			Birth-place <u>Pa</u>			
Occupation <u>Silk Worker</u>	Where Residing if not at place of death						
Married, Single or Widowed <u>Single</u>	Name of Wife or Husband						
Father's Name <u>Howard Drifbaugh</u>			Father's Birthplace <u>Pa</u>				
Mother's Maiden Name <u>Mary Drifbaugh</u>			Mother's Birthplace <u>Pa</u>				
Name of person giving Information <u>Mary Drifbaugh</u>			How related to deceased <u>Mother</u>				

CAUSES OF DEATH

(1)

Primary Typhoid Fever How long 1 week

Immediate Exhaustion from Hemorrhage How long 1 day

Are the name, age, sex, color, date and place correctly given above?

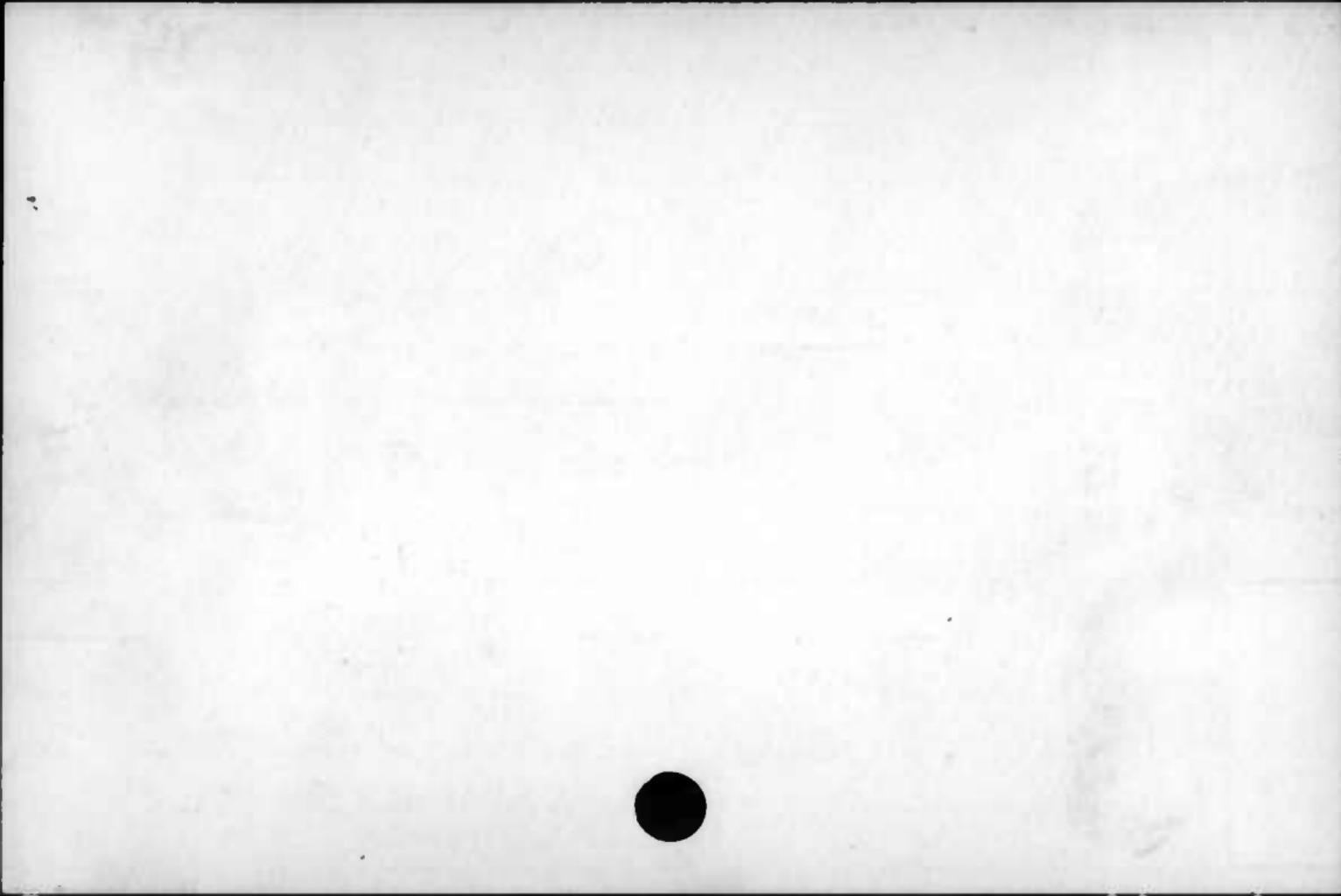
Yes

Signature of Physician

Address

East Broadway
Cumberland
MD.

Accident or Suicide? No.



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

H

Joseph B. Dixon

CERTIFICATE OF DEATH

Died at		Town	County		MARYLAND		
Date of death	Month	Day	Years	Age	Months	Days	
1908	2	20	24	24			
Sex	Male - White		Birthplace		Place of Death		
Occupation	Telegrapher -		Where Residing if not at place of death		Cumberland -		
Married, Single or Widowed	Sing.	Name of Wife or Husband	None		Father's Birthplace	Elk Garden	
Father's Name	Joseph A. Dixon				Mother's Birthplace	Pa -	
Mother's Maiden Name	Alice Praga -				How related to deceased	Mother	
Name of person giving information	Alice Praga -						

CAUSES OF DEATH

93

How long

5 days

3 days.

How long

Edward Harris

Address

Cumberland

Maryland

Primary

Septic Pneumonia

Immediate

Acute Alcoholism with Delirium

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Accident or Suicide?



Name
in
Full

Sarah A Downing

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at near Cumberland		County Allegany		MARYLAND	
Date of death 1908	Month Feb	Day 21	Years Age 71	Months 11	Days
Sex Female	Color or Race White	Birth-place Baltimore Co Md			
Occupation retired house keeper	Where Residing if not at place of death				
Married, Single or Widowed Widow	Name of Husband Mr Downing	Father's Name Do not Know	Father's Birthplace Do not Know		
Mother's Maiden Name Do not Know	Mother's Birthplace Do not Know	Name of person giving information Sammie H. Brimer	How related to deceased Son in Law		

CAUSES OF DEATH

93

Primary Pneumonia	How long 1 week
Immediate Exhaustion	How long 1 hour
Are the name, age, sex, color, date and place correctly given above? Yes	Signature of Physician W. R. Hodges
Address	Cumberland, Md.
Accident or Suicide? No	



Name
in
Full

William H. Drift

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at Frostburg

Town
County

MARYLAND

Date of death 1908 Month Feb. Day 25

Age

Years

Months

Days

65

1

—

Sex

Male

Color or
Race

White

Birth-
place

Bristol, Eng.

Occupation

Retired Merchant

Where Residing if not
at place of death

Married, Single
or Widowed

Married

Name of Wife or
Husband

Mary Jane Hart

Father's
Name

James Drift

Father's
Birthplace

England

Mother's
Maiden Name

Sophia Clemens

Mother's
Birthplace

England

Name of person giving
Information

Mary J. Drift

How related
to deceased

Wife

CAUSES OF DEATH

40

How long

1 Year

Primary

Gastric Cancer

How long

6 Months

Immediate

Progressive Anæmia

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

Abbott R. Walker

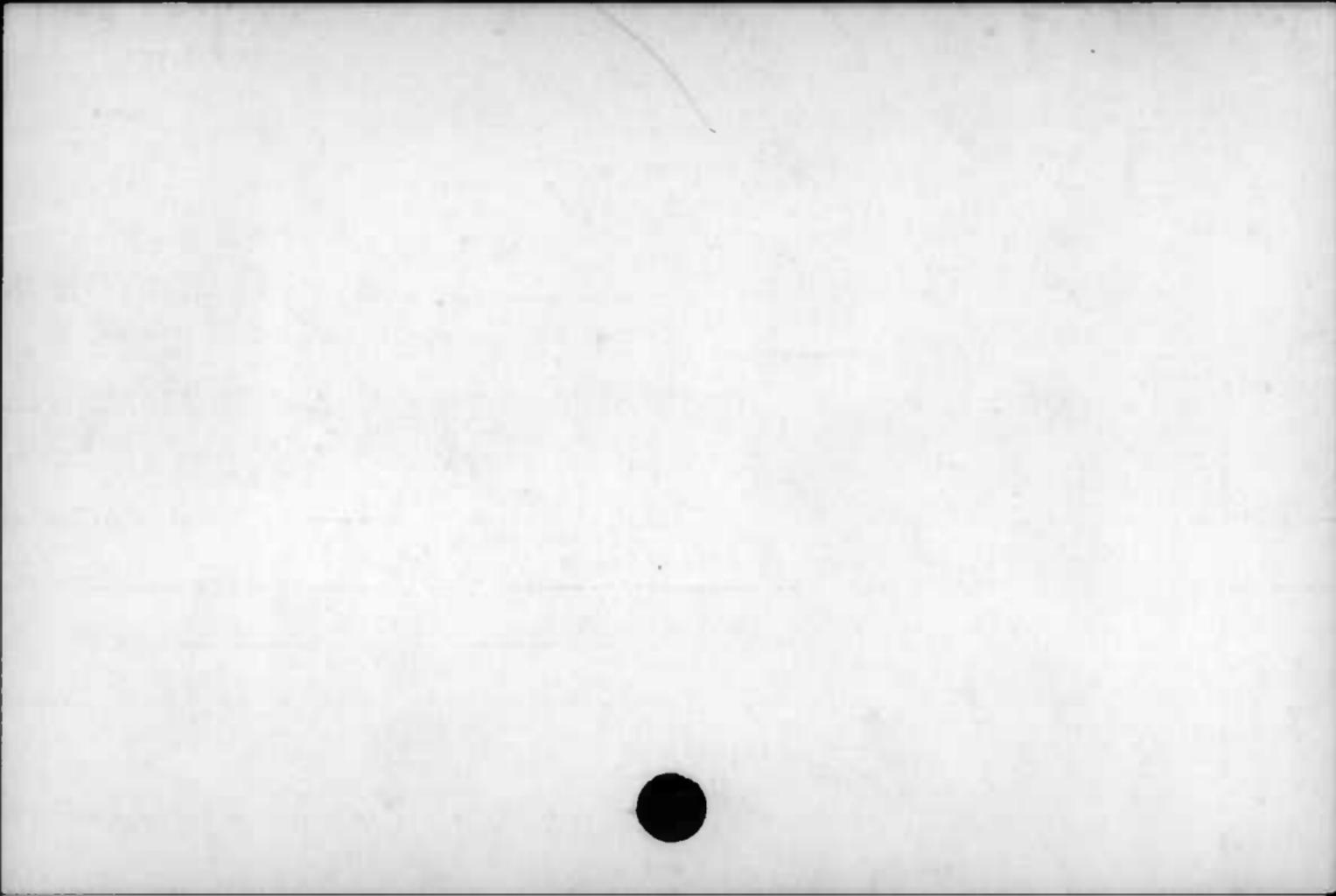
Address

Frostburg, Md.

PHYSICIAN
OR CORONER

I

Accident or Suicide?



Name
in
Full

Thomas A Fahey

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND
Date of death	Month	Years	Months Days
Sex	Color or Race	Age	- -
Occupation	Where Residing if not at place of death		
Married, Single or Widowed	Name of Wife or Husband	Brigidette Fahey	
Father's Name	Patrick Fahey		
Mother's Maiden Name	Do not know		
Name of person giving information	J.W. Fahey		

CAUSES OF DEATH

112

How long

How long

PHYSICIAN
OR CORONER

Primary Cerebrus of Liver

Immediate Typhus

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

E. Glazebrook MD

Address 80 E. Bay St.
Anchorage

H

Accident or Suicide?

Little Orleans

1 dozen

3 s.

Name
in
Full

Ann. R. Frost

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND		
Date of death	Month	Day	Years	Months	Days		
1908	Feby.	13	Age 70	3	—		
Sex	Female	Color or Race	White	Birth-place	W. Va		
Occupation	Retired House Keeper			Where Residing if not at place of death	—		
Married, Single or Widowed	Widow	Name of Wife or Husband	Messedch	Father's Birthplace	W. Va		
Father's Name	F R Laramore			Mother's Birthplace	W. Va		
Mother's Maiden Name	Elizabeth Weston			How related to deceased	Son		
Name of person giving information	Harry Frost			10			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary La Grippe

How long

1 week

Immediate Dysentery

How long

24 hours.

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Precival Santz,

Alaska, W. Va

Yes

Address

Street

Accident or Suicide?

Hammersmith Green St. Ext.

55

Name
in
Full

TO BE ANSWERED BY

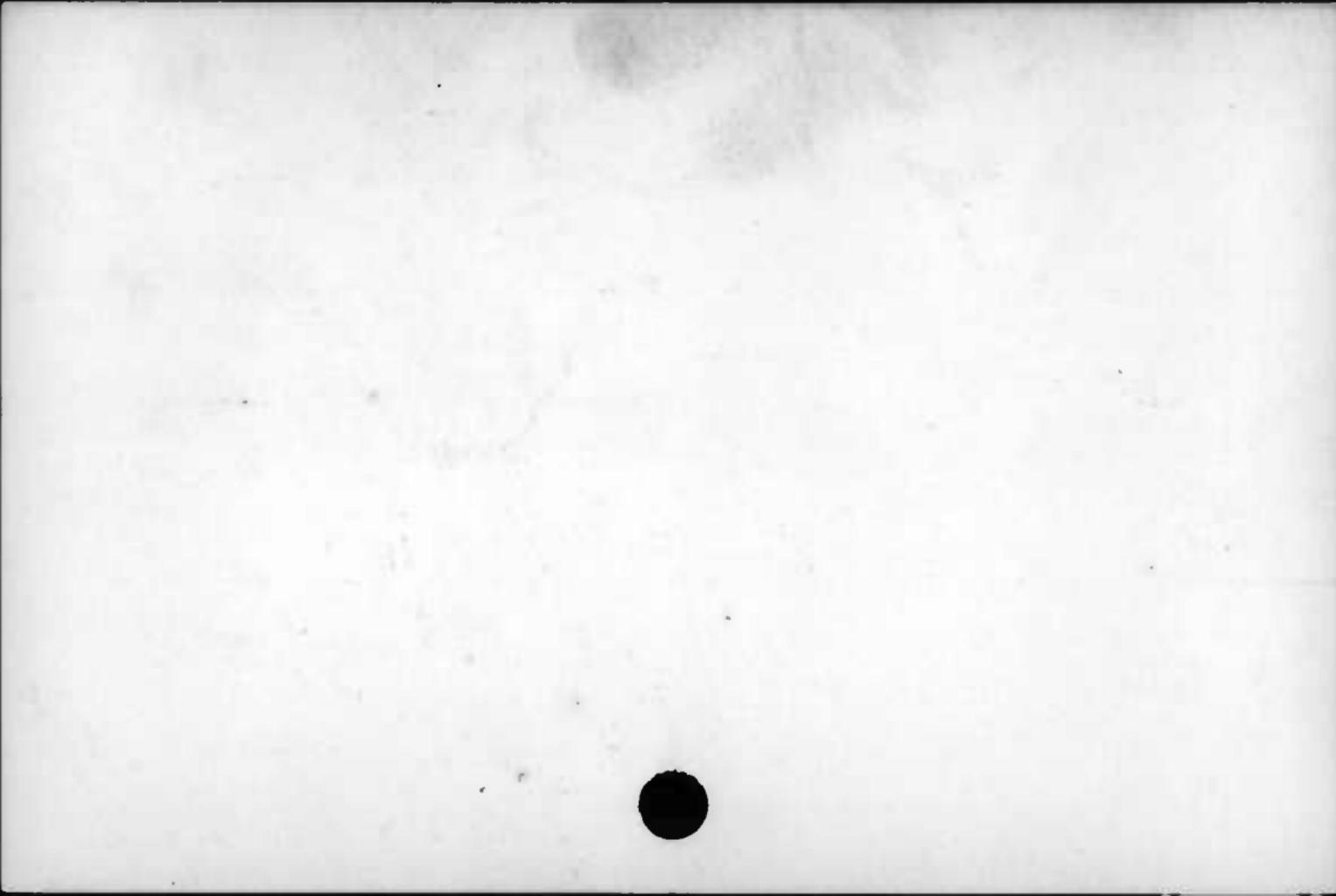
NEAREST FRIEND

John Gabler				CERTIFICATE OF DEATH			
Died at	Cumberland	TOWN	County	MARYLAND			
Date of death	1908	Month Feb	Day 25	Age 39	Years	Months	Days
Sex	Male	Color or Race	White	Birth-place	Cumberland		
Occupation	Shoemaker	Where Residing if not at place of death			—		
Married, Single or Widowed	Single	Name of Wife or Husband	None				
Father's Name	Joseph Gabler			Father's Birthplace	Germany		
Mother's Maiden Name	Christina Formstein			Mother's Birthplace	"		
Name of person giving Information	H. Winterburg			How related to deceased	Bro in law		

PHYSICIAN
CORONER

PHYSICIAN OR CORONER 	Primary Cirrhosis of liver How long ser. mos. Immediate Coma How long 12 hours Are the name, age, sex, color, date and place correctly given above? yes 5 Accident or Suicide? -	Signature of Physician Dr. H. Brace, M.D. Address Omaha 2nd
--	--	--

LIBRARY BUREAU ABB610



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Mary Ann Gephart

CERTIFICATE OF DEATH

Died at Baltimore Town

County

MARYLAND

Date of death 1908 Month 26 Day 16

Years

Age 80

Months

10

Days

11

Sex Female Color or Race white

Birth-place

Germany

Occupation wife

Where Residing if not
at place of death

Married, Single
or Widowed Widow Name of Wife or Husband

dead Ernest Gephart

Father's Name Adam Holmby

Father's Birthplace

Germany

Mother's Maiden Name Elizabeth Drisch

Mother's Birthplace

Germany

Name of person giving
Information Mrs. Harry Wershazer

How related
to deceased

Daughter & law

CAUSES OF DEATH

44

How long

Primary Carcinoma Liver & Face

2 yrs or more

Immediate Exhaustion

How long

3 dn

Are the name, age, sex, color, date
and place correctly given above?

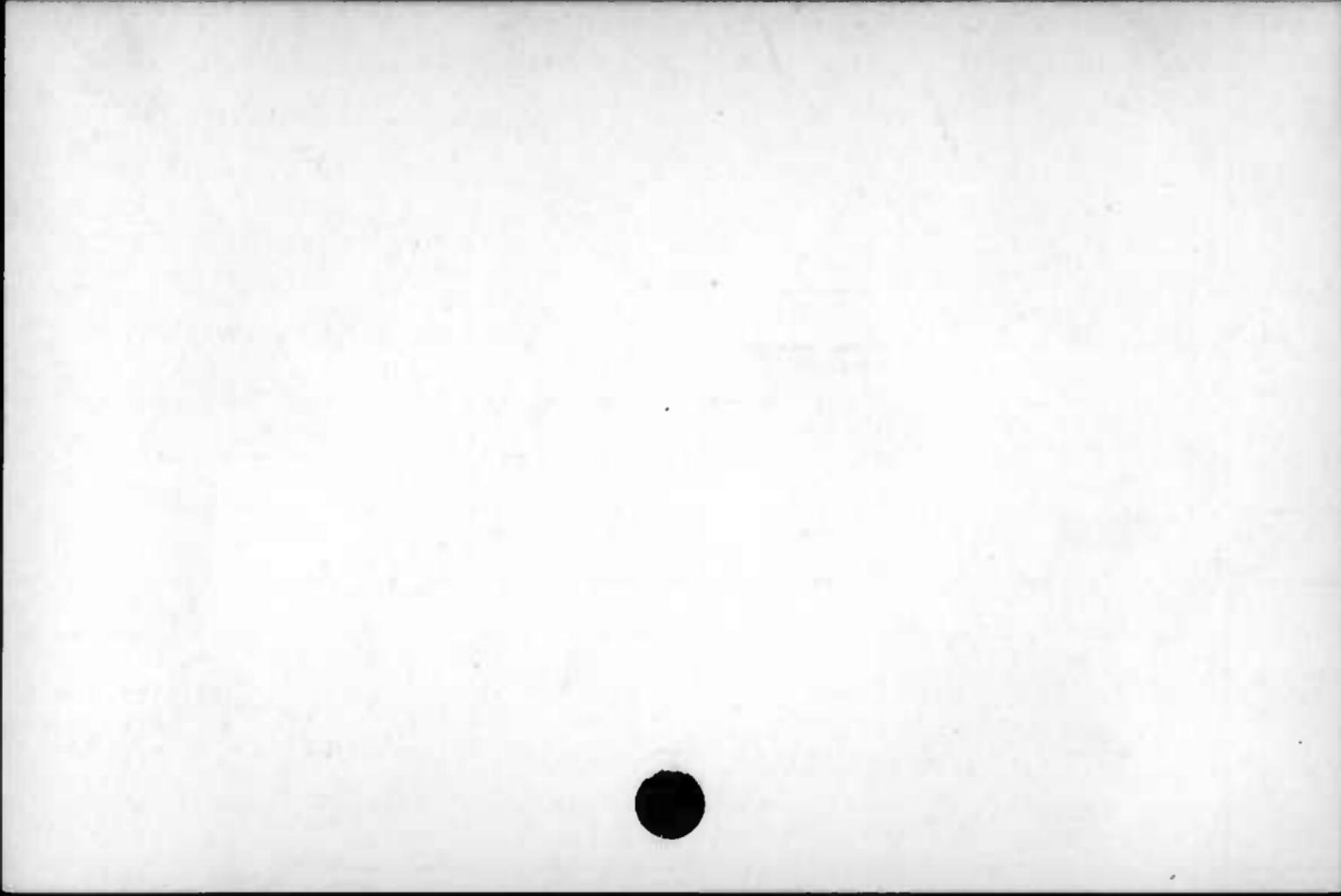
Signature of
Physician

Address

Govt. Board Phys

Baltimore

Accident or Suicide?



Name
in
Full

Infant Chas. Gerlach

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town <u>La Vale</u>	County <u>alleg.</u>	MARYLAND		
Date of death	Month <u>Feb.</u>	Day <u>1</u>	Years <u>—</u>	Months <u>—</u>	Days <u>—</u>
Sex	Male	Color or Race <u>White.</u>	Birth-place <u>La Vale.</u>		
Occupation	<u>None</u>	Where Residing if not at place of death <u>✓</u>			
Married, Single or Widowed	<u>Single</u>	Name of Wife or Husband <u>none</u>			
Father's Name	<u>Charles Gerlach</u>			Father's Birthplace <u>La Vale</u>	
Mother's Maiden Name	<u>Helen Clarey</u>			Mother's Birthplace <u>La Vale</u>	
Name of person giving Information	<u>Charles Gerlach</u>			How related to deceased <u>Father.</u>	

CAUSES OF DEATH

(S)

PHYSICIAN
OR CORONER

Primary

Pneumonia

How long

Wk

Immediate

Symp

How long

Wk

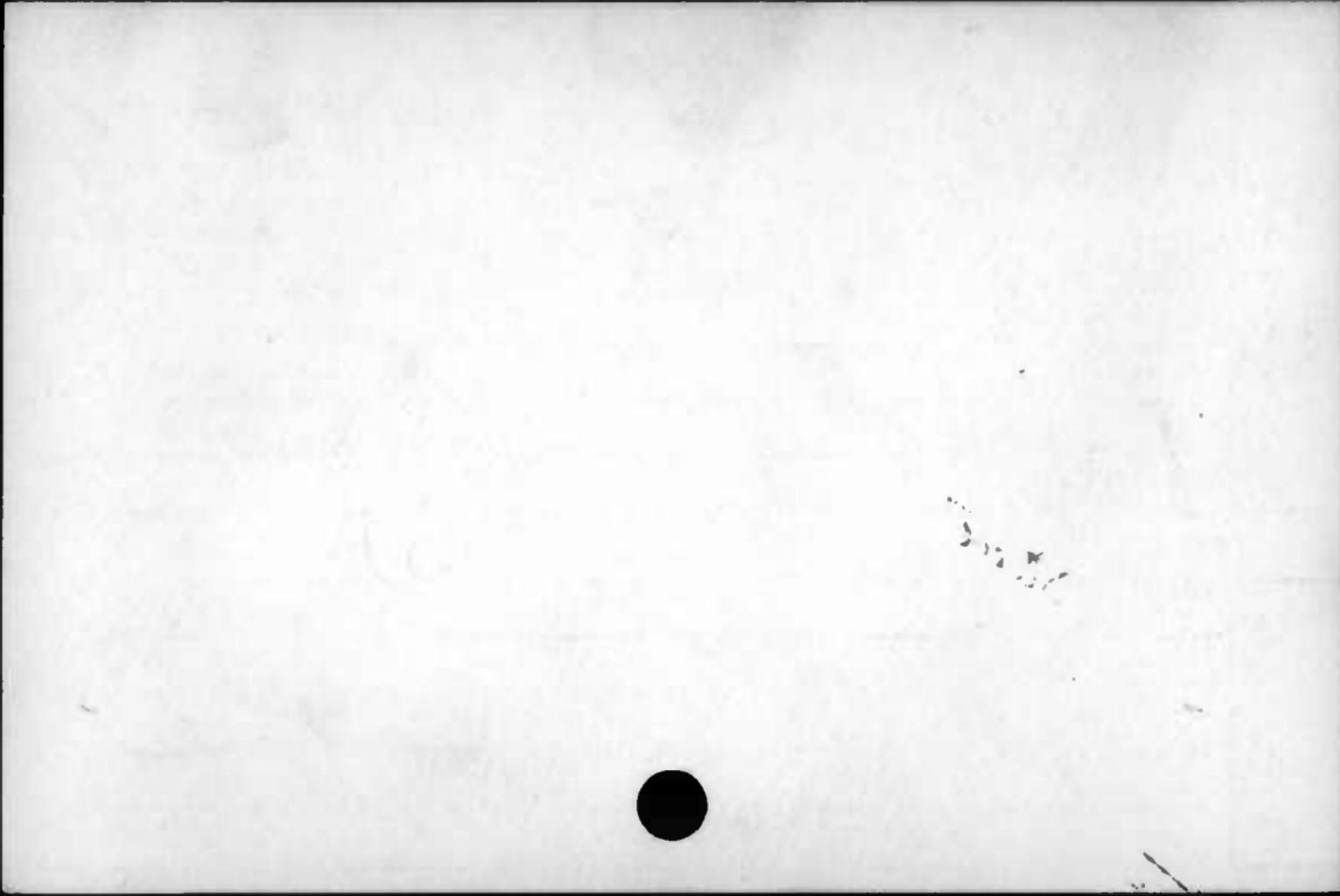
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

J. H. Fogelman
Fogelman

Accident or Suicide?



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

James Henry Golden					CERTIFICATE OF DEATH		
Died at		Town	County		MARYLAND		
Date of death	1908	Month Feb	Day 19	Years —	Months 11	Days 19	
Sex	male	Color or Race	White	Birth-place	Westempeisina		
Occupation	none		Where Residing if not at place of death	—			
Married, Single or Widowed	—		Name of Wife or Husband	—			
Father's Name	Wm Henry Golden		Father's Birthplace	Pa			
Mother's Maiden Name	Flora May O'Neal		Mother's Birthplace	Cumberland			
Name of person giving Information	Mrs Roik		How related to deceased	aunt			
CAUSES OF DEATH							
Primary	Pneumonia, teeth, Brain abscess		How long	10 days -			
Immediate	Ex. Inanition		How long	10 days			
Are the name, age, sex, color, date and place correctly given above?			Signature of Physician	J. H. Barndolt			
Yes			Address	Cumberland Md.			
Sicam.							
Accident or Suicide?							

93

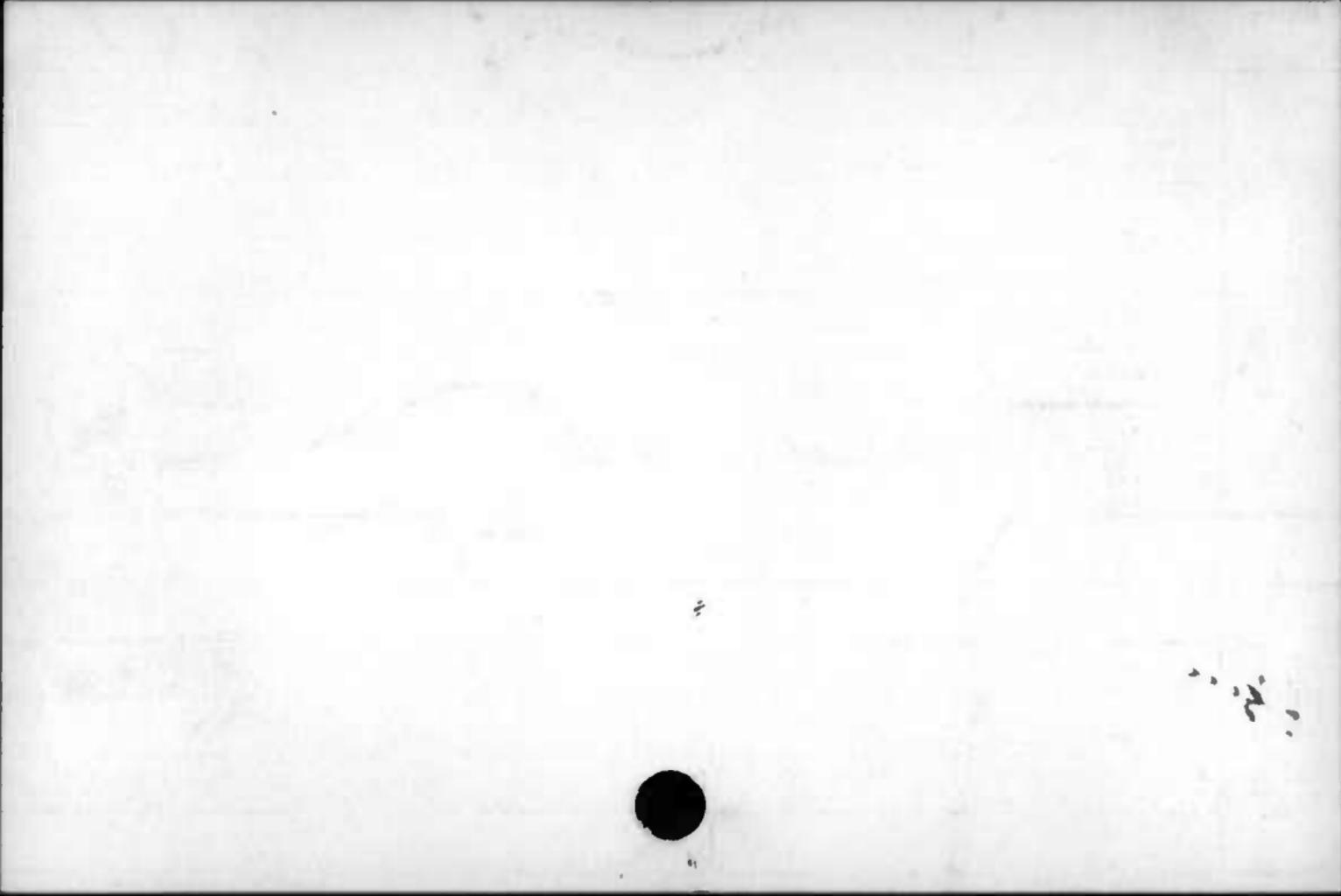
10 days -

10 days

10 days

10 days

10 days



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

James Graham

CERTIFICATE OF DEATH

MARYLAND

Died at Anna

County

Alle

Date
of death 1908

Month

Day

Years

Months

Days

Feb

24

Age

9

Sex Male

Color or
Race

White

Birth-
place

Md

Occupation

none

Where Residing if not
at place of death

Married, Single
or Widowed

none

Name of Wife or
Husband

none

Father's
Name

James Graham

Father's
Birthplace

Md

Mother's
Maiden Name

Gizelle Dawson

Mother's
Birthplace

Md

Name of person giving
Information

James Graham

How related
to deceased

Partner

CAUSES OF DEATH

72

How long

4 day's

How long

Primary

Tetanus neonatorum

Immediate

Exhaustion

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

Rev. A. Foon, MD

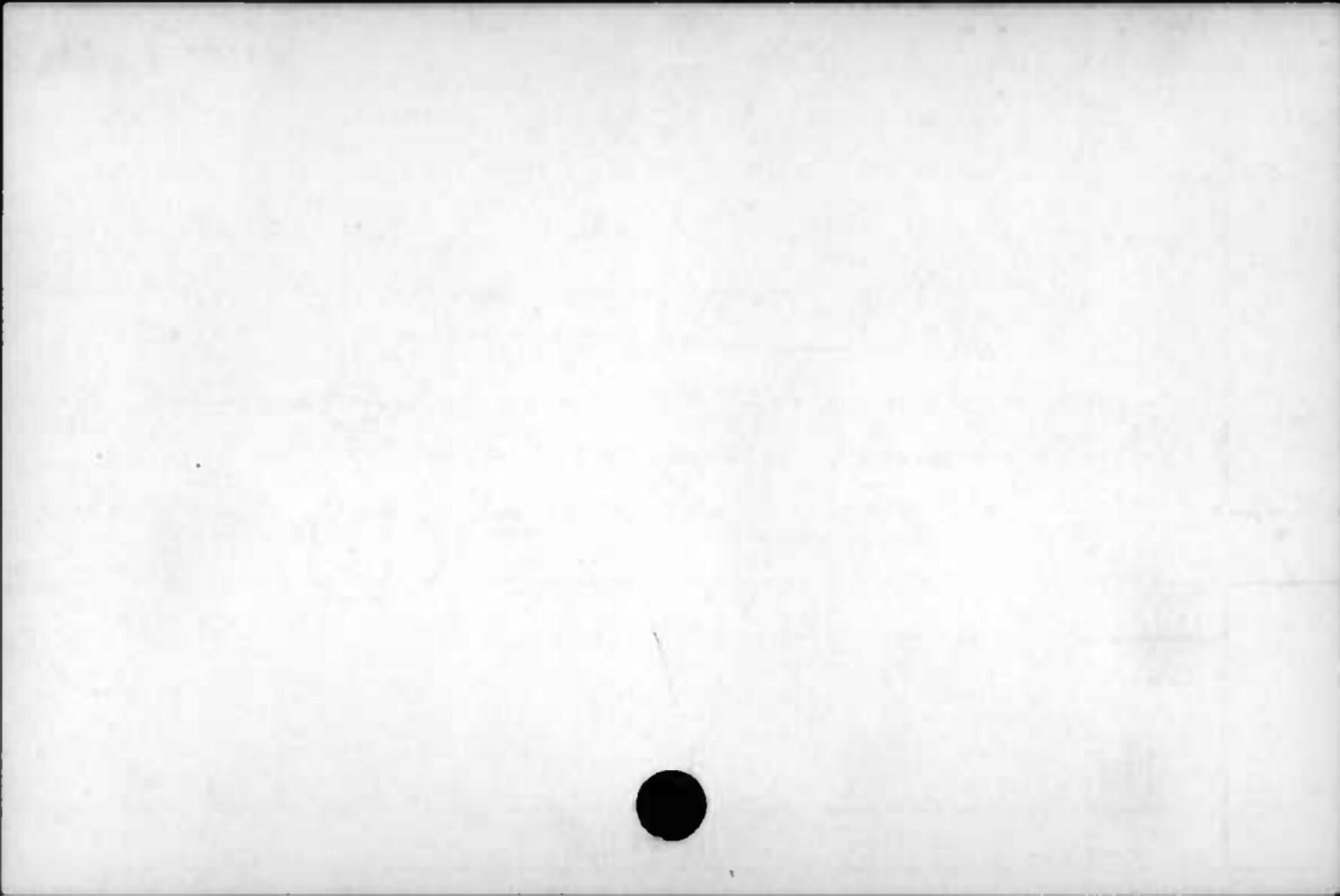
Address

Grubbsland MD

AS

Accident or Suicide?

Foon



Name
in
Full

Margaux Maria Grover

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at <u>S.Cumberland</u> Town		County <u>Allegany</u>		MARYLAND	
Date of death <u>1908</u>	Month <u>Feb</u>	Day <u>27</u>	Age <u>83</u>	Years	Months <u>2</u> Days <u>16</u>
Sex <u>Femal</u>	Color or Race <u>White</u>	Birth-place <u>Md</u>			
Occupation <u>None</u>	Where Residing if not at place of death <u>and Philip Groves</u>				
Married, Single or Widowed <u>Widow</u>	Name of Wife or Husband <u>and Philip Groves</u>	Father's Birthplace <u>Waler</u>			
Father's Name <u>Thunar Morgan</u>	Mother's Birthplace <u>Md</u>				
Mother's Maiden Name <u>Mary Waler</u>	How related to deceased <u>Daughter</u>				
Name of person giving information <u>Mr May Flora</u>					

CAUSES OF DEATH

154

How long

Several months

How long

3 days

PHYSICIAN
OR CORONER

Primary

Dribility of age

Immediate

Exhaustion

Are the name, age, sex, color, date and place correctly given above?

yes

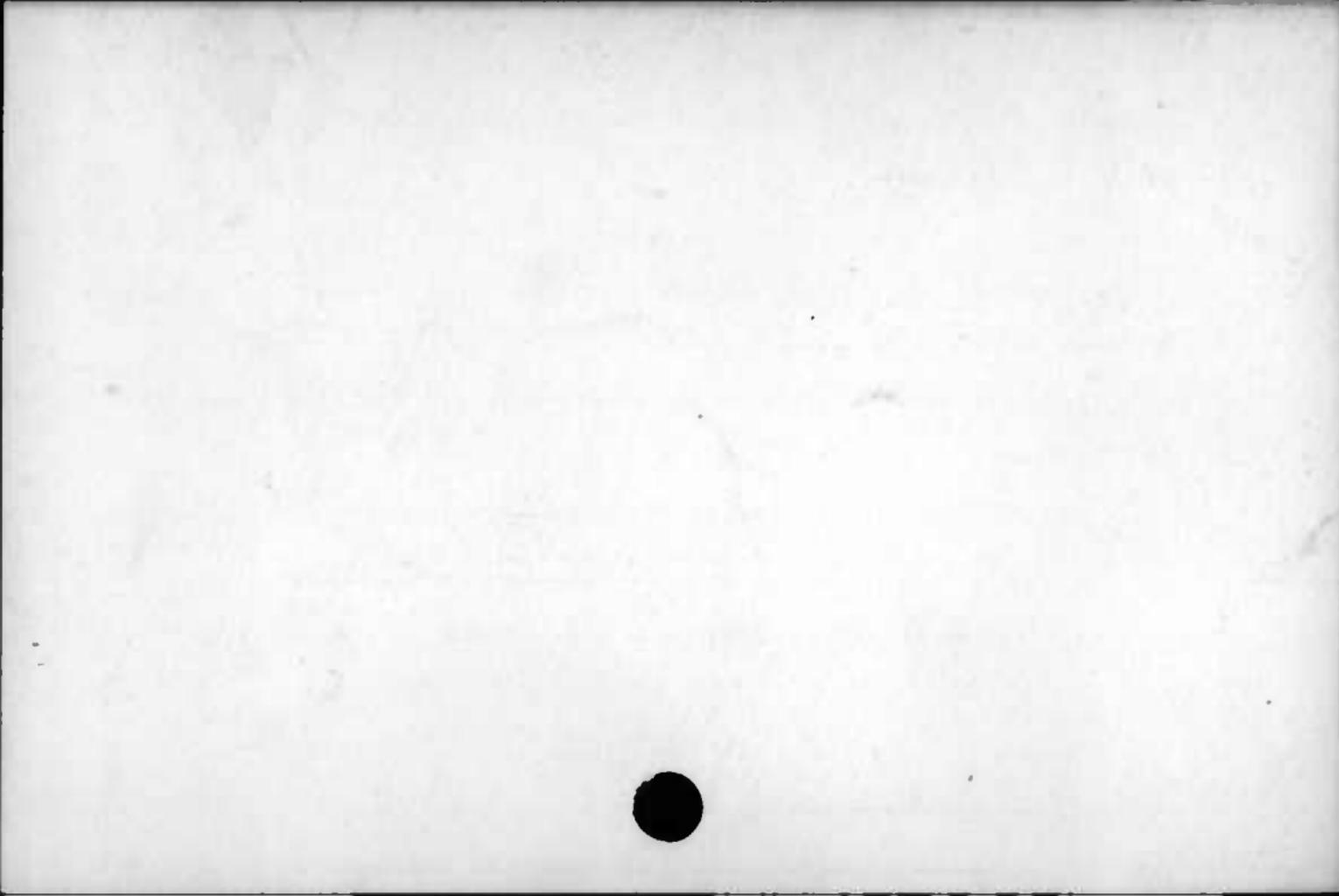
Signature of Physician

Address

Gov. L. Broadhurst
Cumberland, Md.

Accident or Suicide?

No.



Name
in
Full

John Thomas Hager

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
1908	Feb	27	75	6	
Sex	Color or Race	Birth- place			
Male	White	Md			
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Married Elizabeth Hager				
Father's Name	Thomas Hager				
Mother's Maiden Name	Julian Davis				
Name of person giving Information	Charles D. Hager				

CAUSES OF DEATH

40

How long

1 year

How long

PHYSICIAN
OR CORONER

Primary

Cancer of Liver

Immediate

Exhaustion

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

Thos. H. Haas

Address

Gloucester
Koon 2nd

Accident or Suicide?

3 Children all grown
Rose Hill Lot 2

Name
in
Full

Mrs Eliza Hall

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at	Town	County	MARYLAND	
Date of death	Month	Day	Years	Months Days
Sex	Color or Race	Age	Birth-place	
Occupation	Where Residing if not at place of death			
Married, Single or Widowed	Name of Wife or Husband			
Father's Name	2	Father's Birthplace		
Mother's Maiden Name	2	Mother's Birthplace		
Name of person giving information	Harry Hill	How related to deceased		

CAUSES OF DEATH

64

How long

3 days

Primary

Lunacy

Immediate

Apostasy

Are the name, age, sex, color/date and place correctly given above?

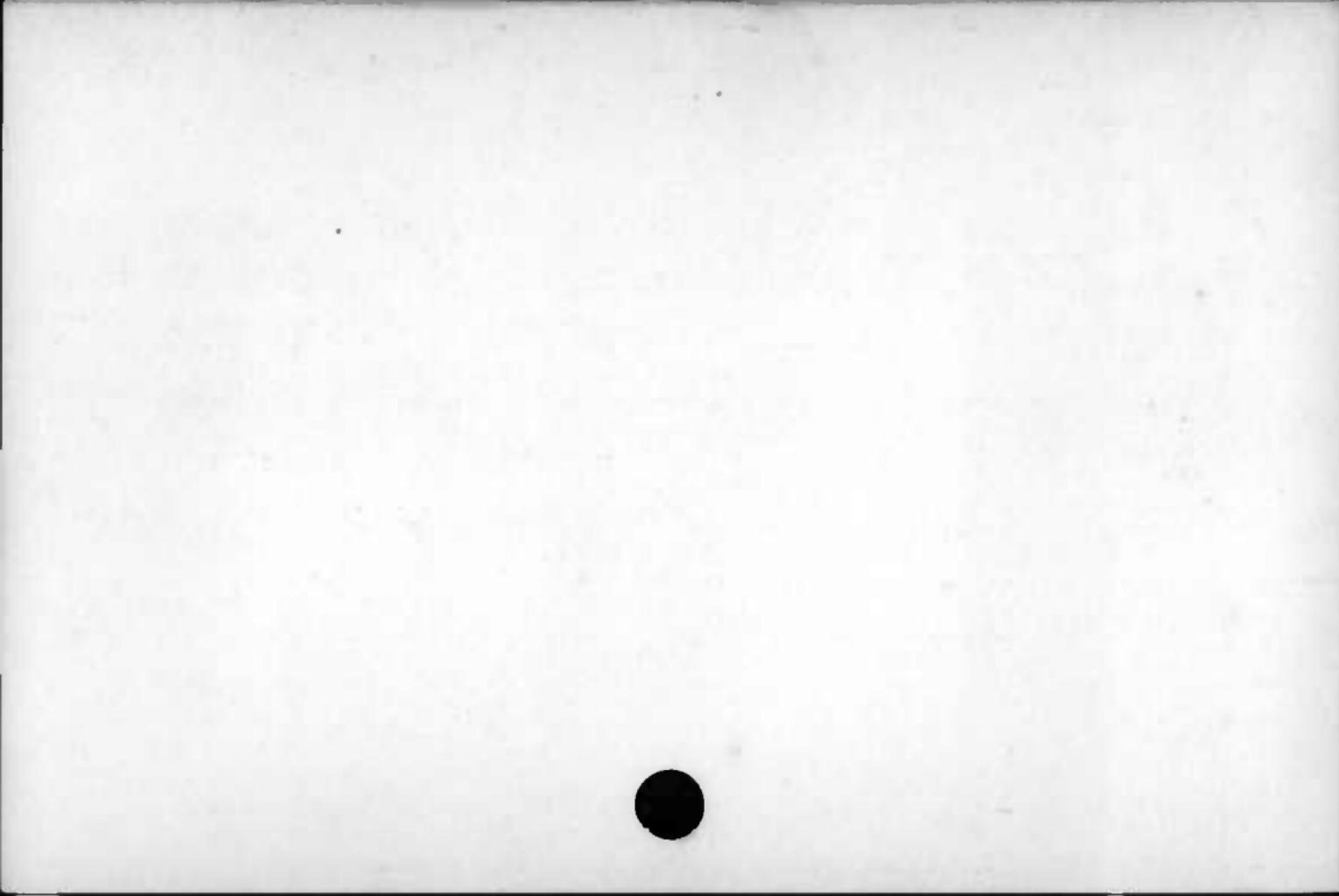
yes

Signature of Physician

Mr Price
Frostburg, Md.

Address

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Janet Hammersmith		Town	County	MARYLAND		
Died at	Gowland.	Alleg.		Months	Days	
Date of death	1908 Feb 16	Age 62		6	13	
Sex	Male	Color or Race	White	Birth-place	Md	
Occupation	Labover	Where Residing if not at place of death	Green St			
Married, Single or Widowed	Married	Name of Wife or Husband	Ellen Hammersmith	Father's Birthplace	Germany.	
Father's Name	Wolf Hammersmith	Mother's Maiden Name	Catherine Foster	Mother's Birthplace	Germany	
Mother's Maiden Name		Name of person giving information	Ellen Hammersmith	How related to deceased	Wife.	

CAUSES OF DEATH

79

How long

1 yr +

How long

Innumerable

PHYSICIAN
OR CORONER

Primary

Organic Heart Disease

Immediate

Heart Failure

Signature of Physician

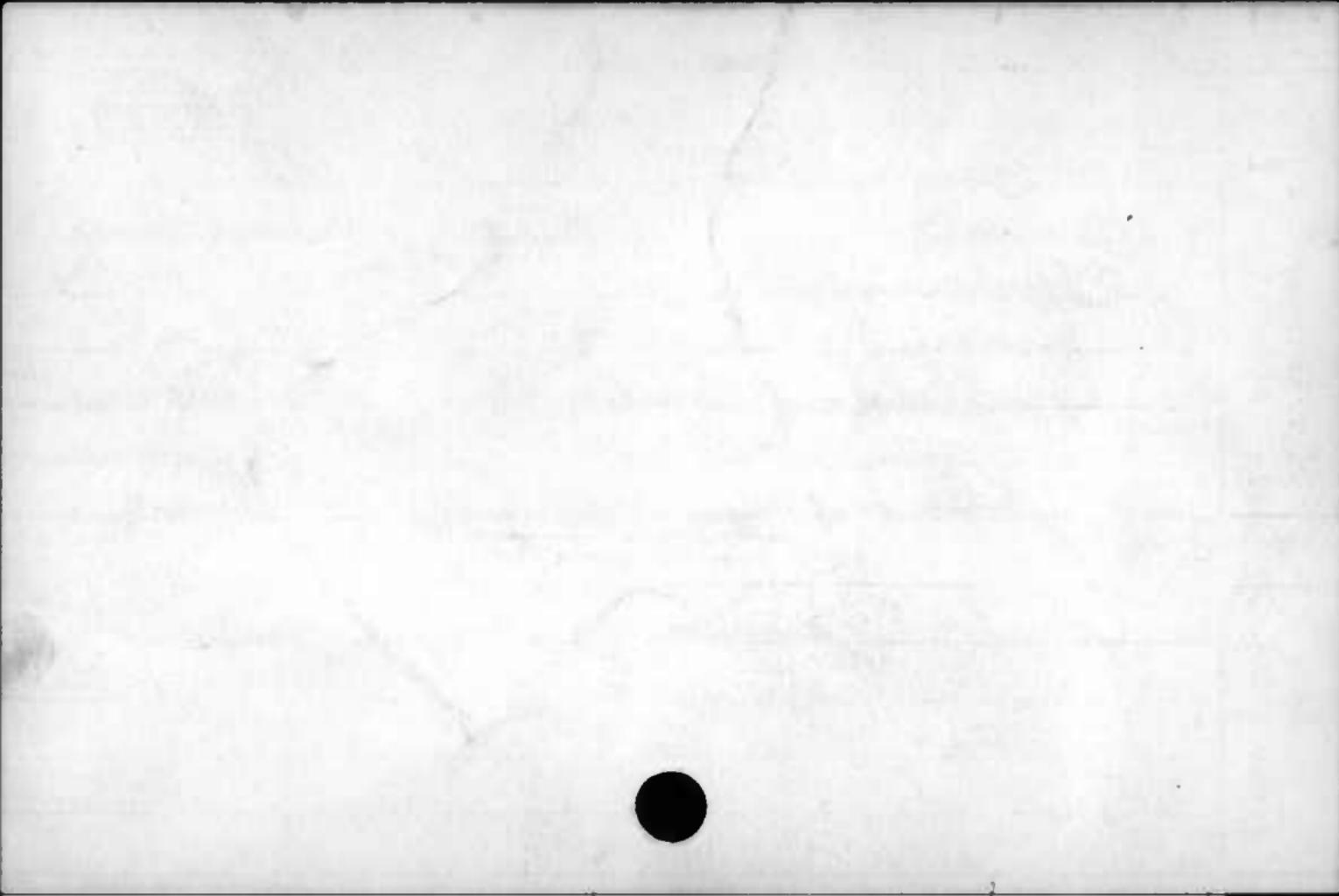
Address

Phys. A. Brown

Are the name, age, sex, color, date and place correctly given above?

Yes

Accident or Suicide?



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

H

Maryland Percy Hoblitzel

CERTIFICATE OF DEATH

MARYLAND

Died at

Towson

County

Date

Month

Day

of death 190

8 Feb. 28/2

Age

Years

Months

Days

68

9

-

Sex

Female

Color or
Race

White

Birth-
place

Occupation

Employer

Where Residing if not
at place of death

Employer

Married, Single
or Widowed

Name of Wife or
Husband

Frances Hoblitzel

Father's
Name

Unknown

Father's
Birthplace

Mother's
Maiden Name

Unknown

Mother's
Birthplace

Name of person giving
Information

Unknown

How related
to deceased

CAUSES OF DEATH

Primary

Otogenic

27

How long

Immediate

Otogenic

1 yrs. + 8 mos.

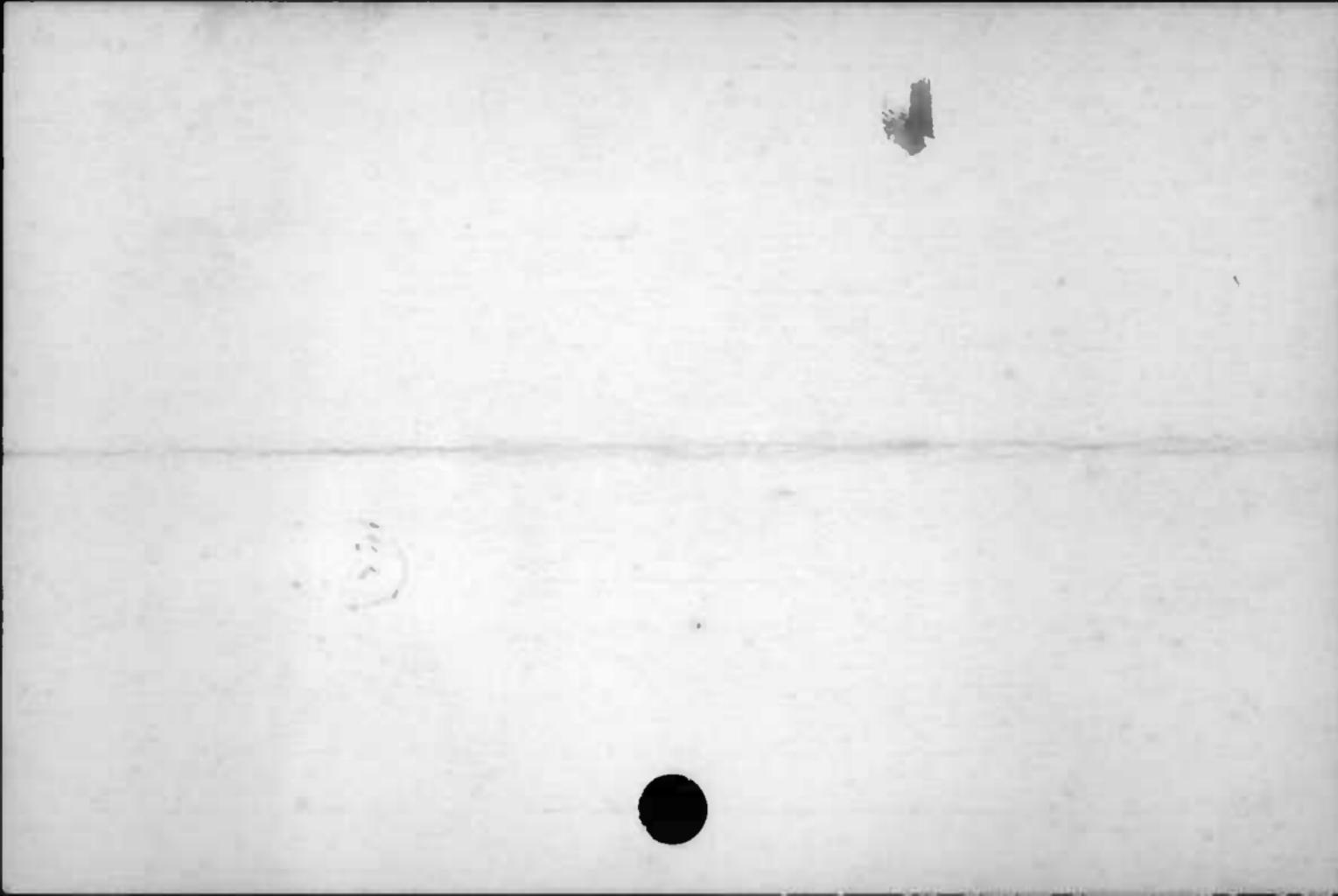
How long

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

Address

Accident or Suicide?



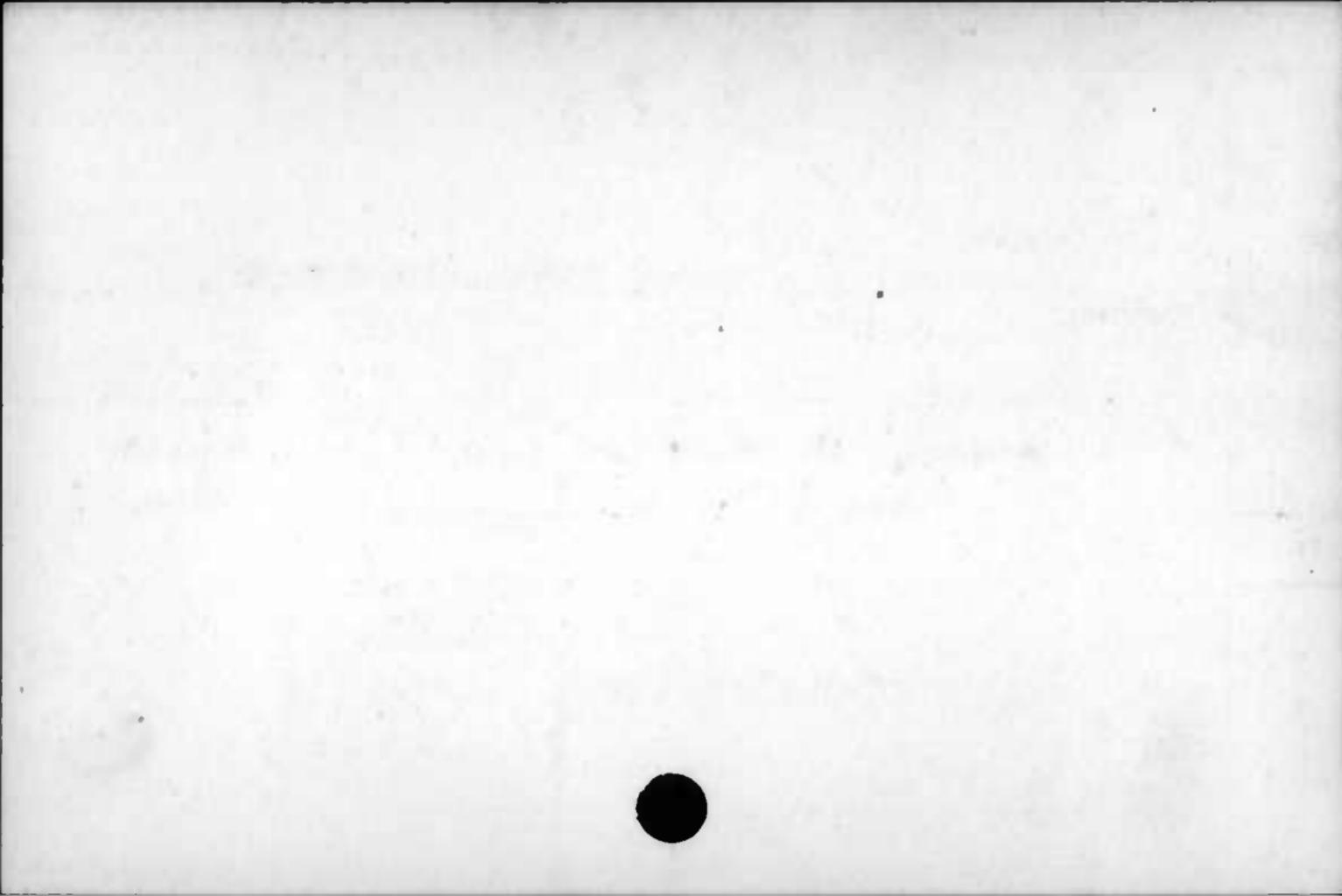
Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

H

Grace Franklin Howser					CERTIFICATE OF DEATH		
Died at	Cumberland	Town	Allegany	County	MARYLAND		
Date of death	1908 Feb.	Month	14	Day	Years	Months	Days
Age	1	Color or Race	white	Birth-place	"	"	"
Sex	Female	Occupation	Susan	Where Residing if not at place of death			
Married, Single or Widowed	Single	Name of Wife or Husband	-				
Father's Name	Franklin Otto	Father's Birthplace	Maryland				
Mother's Maiden Name	Lena Howser	Mother's Birthplace	W. Va.				
Name of person giving information	Lena Howser	How related to deceased	Mother				
CAUSES OF DEATH							
Primary	Baccho-pneumonia	How long	92	9 days.			
Immediate	Asphyxia	How long	1 hour				
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	William R. Boardman				
		Address	116 Virginia Ave				
			Cumberland Md.				
Accident or Suicide?							



Name
in
Full

Thomas Jack,

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Cumberland Md		Allegany				
Date of death	Month	Day	Years	Age	Months	Days
Feb 1904	Feby	26	46	46	—	—
Sex	W	Color or Race	W	Birth-place	Lonaconing Md	
Occupation	Miner			Where Residing if not at place of death	Water St. Frostburg	
Married, Single, or Widowed	Name of Wife or Husband			Miss Brode		
Father's Name	Samuel Jack			Father's Birthplace	Ireland	
Mother's Maiden Name	Mary McNeaseham			Mother's Birthplace	" "	
Name of person giving information	Robert Jack			How related to deceased	Bro.	

CAUSES OF DEATH

92

How long

Primary Double Bronchitis Perseveria 3 weeks

How long

Immediate Gangrene Rgt Lung. Draining Truncus. 3 days

PHYSICIAN
OR CORONER

Are the name, age, sex, color, date and place correctly given above?

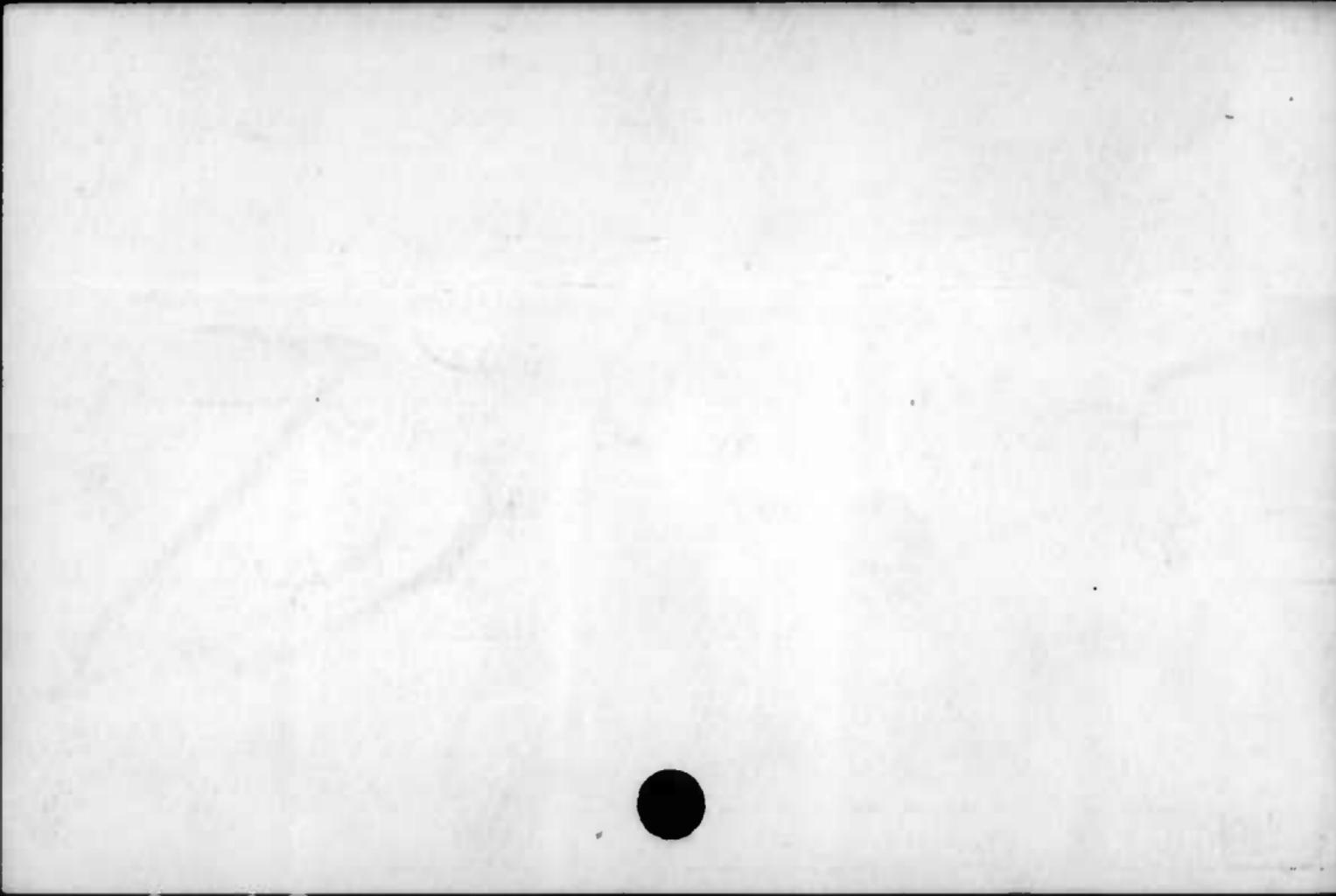
Signature of Physician

Address

A. H. Hartman.
Cumberland Md

H

Accident or Suicide?



Name
in
Full

Clara Jackson

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Town	County	
Died at Cumla	Alleg.	
Date of death 1908 Feb.	Month 13.	Day
Age 96	Years	Months
Sex Female	Color or Race White	Birth place W.F. Va
Occupation Housewife	Where Residing if not at place of death	
Married, Single or Widowed Married	Name of Wife or Husband Owen Jackson	
Father's Name Joseph Hartman	Father's Birthplace Germany	
Mother's Maiden Name Caroline Roosevelt	Mother's Birthplace N.Y.	
Name of person giving information Owen Jackson	How related to deceased Husband	

CAUSES OF DEATH

137

How long

1 week.

How long

Primary Subacute Sepsis

Immediate Exhaustion

Are the name, age, sex, color, date and place correctly given above?

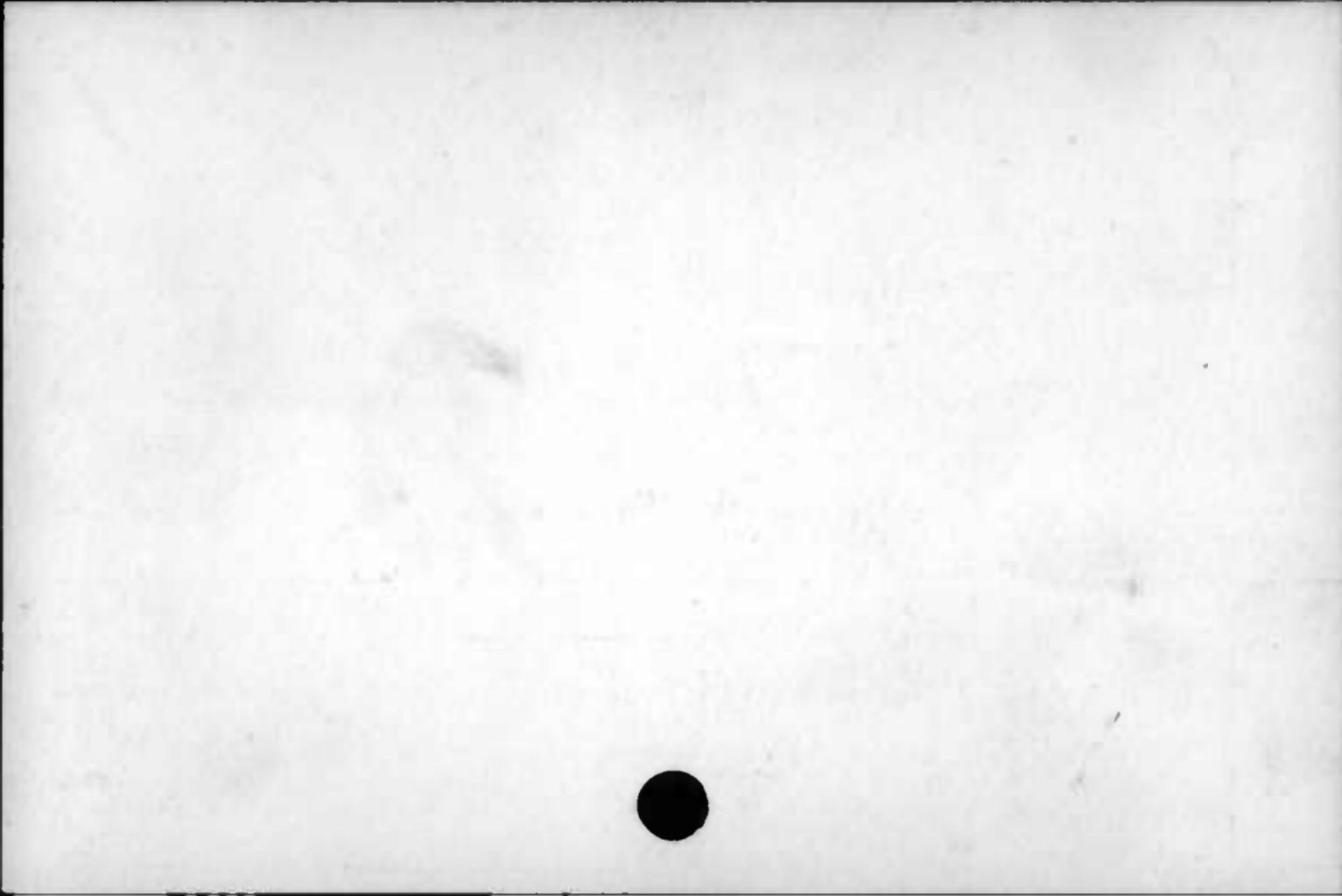
Signature of Physician

Address

Frank A. Ford
Montgomery
Md

PHYSICIAN
OR CORONER

1
Accident or Suicide?



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

CERTIFICATE OF DEATH

Died at	Town	James Jackson		County	MARYLAND	
Date of death	Month	Day	Years	Months	Days	
Sex	Male	Color or Race	Age	Birth-place	Cumberland	
Occupation	None	Where Residing if not at place of death				
Married, Single or Widowed	Single.	Name of Wife or Husband				
Father's Name	Owen S Jackson			Father's Birthplace	Frostburg	
Mother's Maiden Name	Anna C Hartman			Mother's Birthplace	Cumberland	
Name of person giving Information	Owen S Jackson			How related to deceased	Father.	

CAUSES OF DEATH

151

Primary

Inanition

How long

1 mo

Immediate

Spasms

How long

24 hours

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Elfrida Brace M.D.

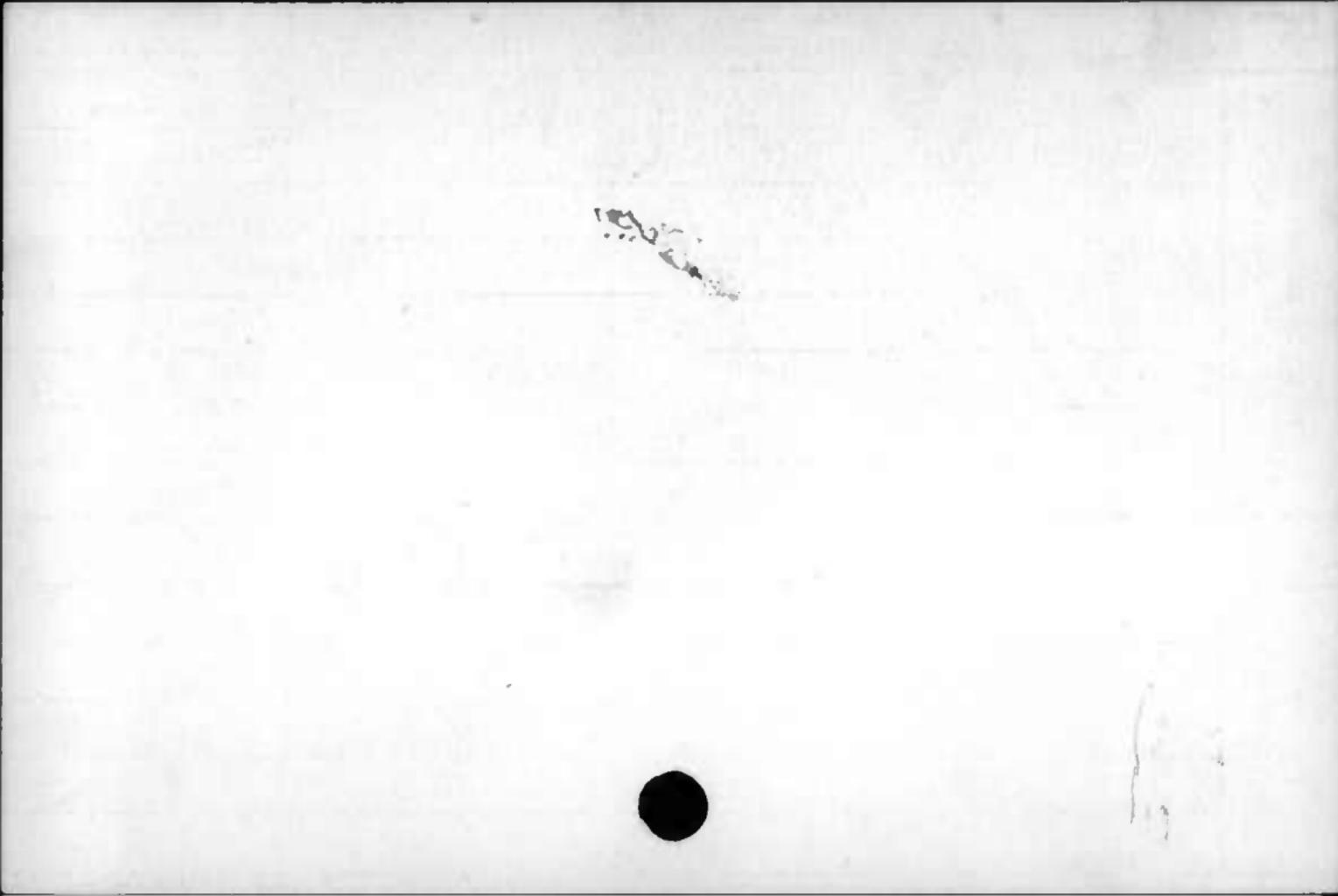
Cumberland

Koon. Md

H. J. Steele

Accident or Suicide?

no



Name
in
Full

Bornard Keating

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Died at	Lonaconing	Allegany			
Date of death	1908	Month 2	Day 1	Years 75	Months
Sex	Male	Color or Race	White	Birth-place	Oakland Arnaug
Occupation	Miner		Where Residing if not at place of death	Lonaconing	
Married, Single or Widowed	Married		Name of Wife or Husband	Margaret Keating	
Father's Name	Hugh Keating		Father's Birthplace	Oakland	
Mother's Maiden Name	Betsey Keating		Mother's Birthplace	Mayd	
Name of person giving information	Mrs Margaret Keating		How related to deceased	Wife	
CAUSES OF DEATH					
Primary	Endocarditis		64	Two yrs	
Immediate	Aphleby		How long	Suddlly	
Are the name, age, sex, color, date and place correctly given above?			Signature of Physician	J. B. Shilling M.D.	
			Address	Lonaconing	
Accident or Suicide? No					

PHYSICIAN
OR CORONER

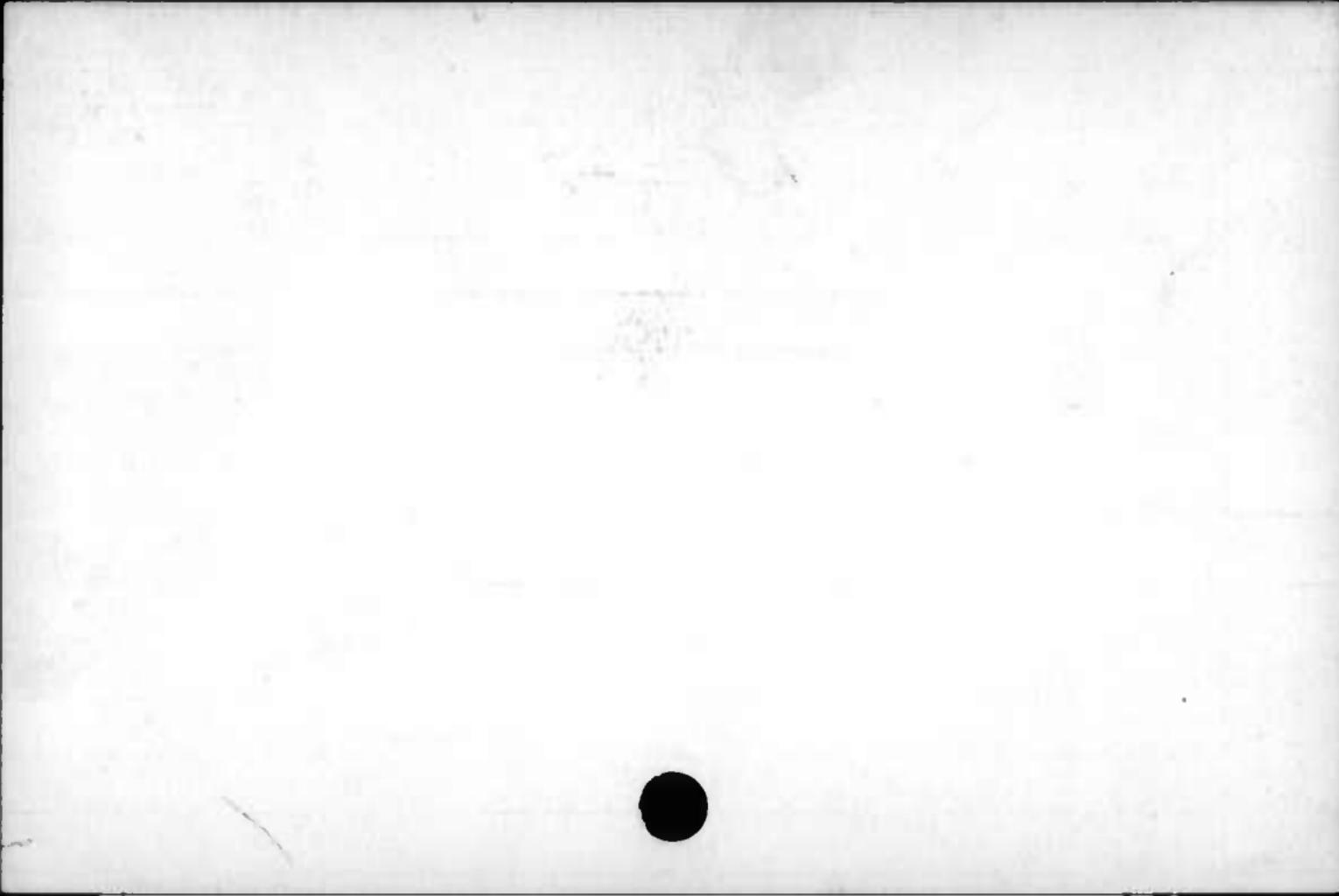
I

76.17 march

Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

John S Knight				CERTIFICATE OF DEATH		
Died at Camb		Town	County		MARYLAND	
Date of death 1908	Month 2	Day 1	Years 27	Age 27	Months	Days
Sex Male	Color or Race white		Birth-place Piedmont			
Occupation Machinist	Where Residing if not at place of death Cumberland					
Married, Single or Widowed wife	Name of Wife or Husband Sylvester Knight		Father's Birthplace St. Louis			
Father's Name	Sylvester Knight		Mother's Birthplace Bloomington			
Mother's Maiden Name Sara Elliott						
Name of person giving information			How related to deceased			
CAUSES OF DEATH						
Primary	Pulmonary Tuberculosis		27		How long about 3 yrs.	
Immediate	Cardiac dilation				How long about 3 mo.	
Are the name, age, sex, color, date and place correctly given above?			Signature of Physician		Edward Harris	
			Address		Cumberland Md.	
Accident or Suicide?						



Name
in
Full

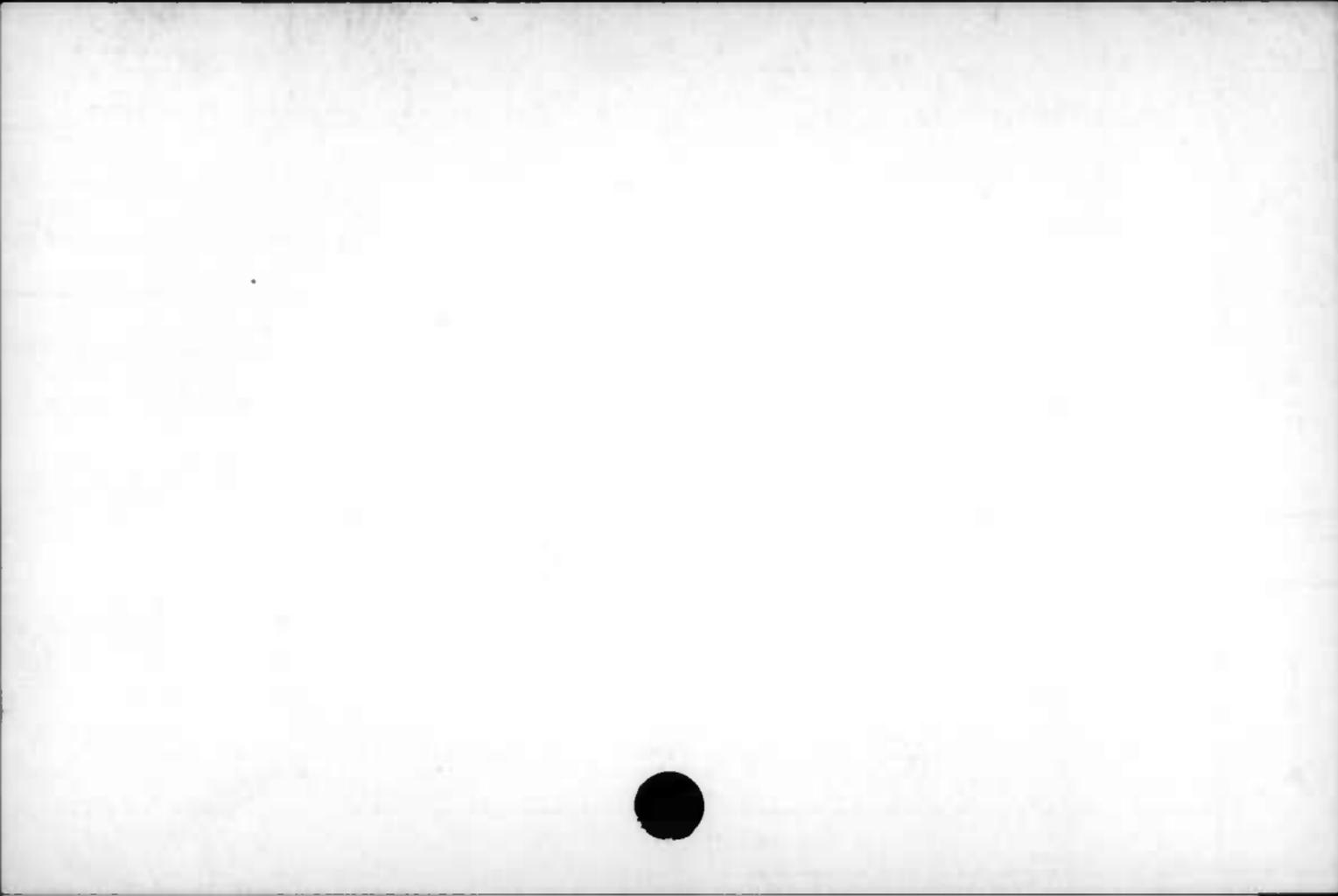
To BE ANSWERED BY
NEAREST FRIEND

CERTIFICATE OF DEATH

Died at <u>Mid Saraght</u>		Town	County <u>allegany</u>		MARYLAND		
Date of death <u>1908</u>	Month <u>Feb</u>	Day <u>18</u>	Age <u>—</u>	Years <u>—</u>	Months <u>—</u>	Days <u>6 hrs</u>	
Sex <u>Male</u>	Color or Race <u>white</u>			Birthplace <u>Mid Saraght</u>			
Occupation <u>—</u>		Where Residing if not at place of death <u>—</u>					
Married, Single or Widowed <u>—</u>	Name of Wife or Husband <u>—</u>		Father's Name <u>Adam G. Lepley</u>	Father's Birthplace <u>Pa</u>			
Mother's Maiden Name <u>Cindie Murray</u>			Mother's Birthplace <u>Pa</u>				
Name of person giving Information <u>Adam G. Lepley</u>						How related to deceased <u>Father</u>	
CAUSES OF DEATH						<u>151</u>	
Primary	<u>Pneumonia Birth Gun</u>					How long	
Immediate	<u>Exhaustion</u>					How long	
Are the name, age, sex, color, date and place correctly given above?			Signature of Physician		<u>F. Alan G. Murray Mid</u>		
			Address		<u>205 Saraght</u>		
Accident or Suicide?			<u>not</u>				

PHYSICIAN
OR CORONER





Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

CERTIFICATE OF DEATH

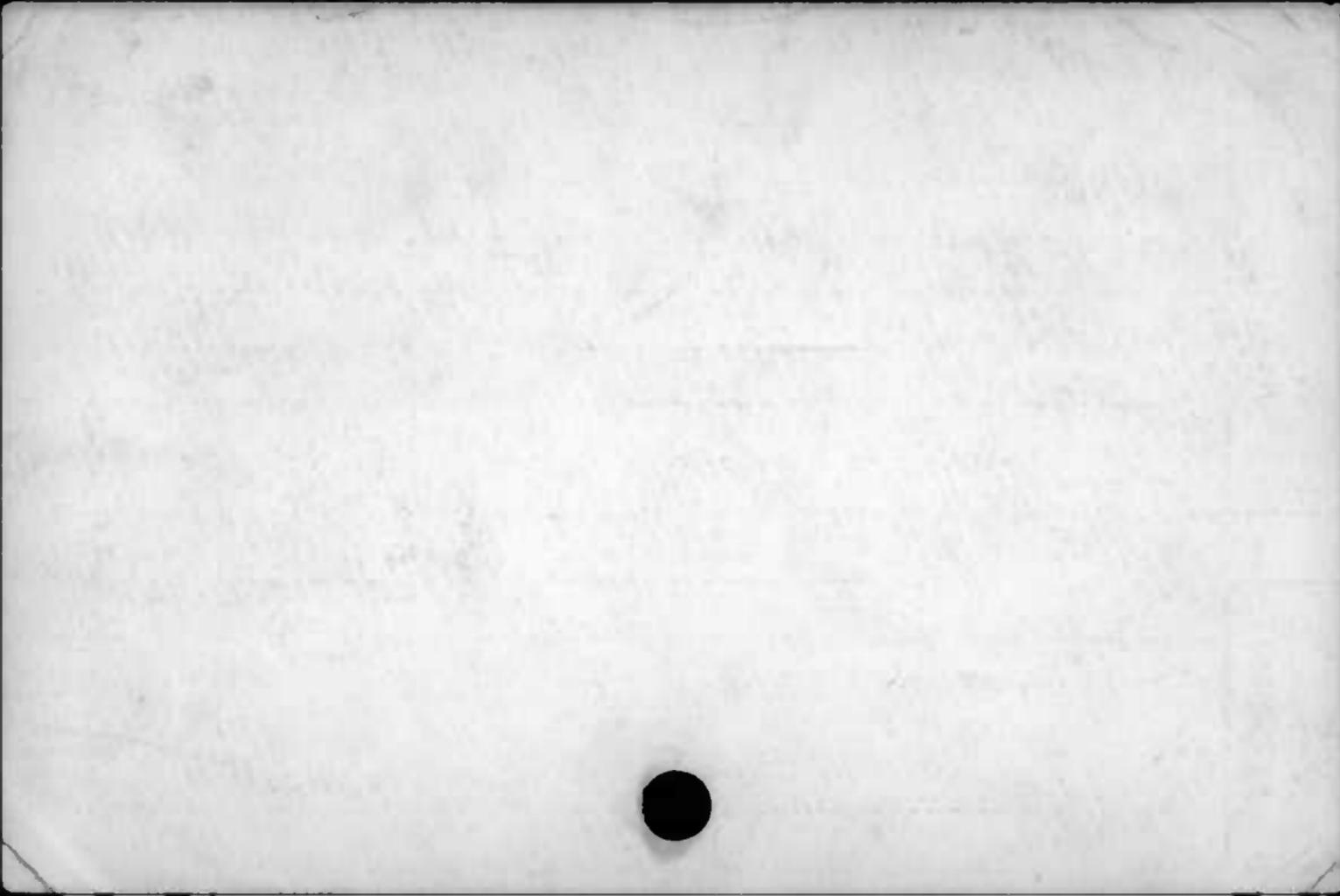
PHYSICIAN
OR CORONER

H

Died at <u>Cumberland</u> Town			County <u>Alleghany</u>		MARYLAND	
Date of death <u>1908</u>	Month <u>2</u>	Day <u>13</u>	Years <u>75</u>	Age <u>75</u>	Months	Days
Sex <u>Male -</u>	Color or Race <u>White</u>	Birthplace <u>St. Charles Ill. O.</u>				
Occupation <u>Insurance Agent</u>	Where Residing if not at place of death <u>Cumberland</u>					
Married, Single or Widowed <u>Single</u>	Name of Wife or Husband <u>None -</u>					
Father's Name <u>Rezin Lewis</u>	Father's Birthplace <u>Pa</u>					
Mother's Maiden Name <u>Eliza Pennington</u>	Mother's Birthplace <u>Pa</u>					
Name of person giving information <u>Jessie Orrick</u>	How related to deceased <u>Nephew</u>					
CAUSES OF DEATH						
Primary <u>Measles.</u>	61					
Immediate <u>Exhalation</u>	How long <u>Two Weeks</u>					
Are the name, age, sex, color, date and place correctly given above?						
Yes						
Signature of Physician <u>G. B. McDonald</u>						
Address <u>Cumberland Md</u>						
Accident or Suicide?						

Signature of Physician

Address



Name
in
Full

Wm H Long

CERTIFICATE OF DEATH

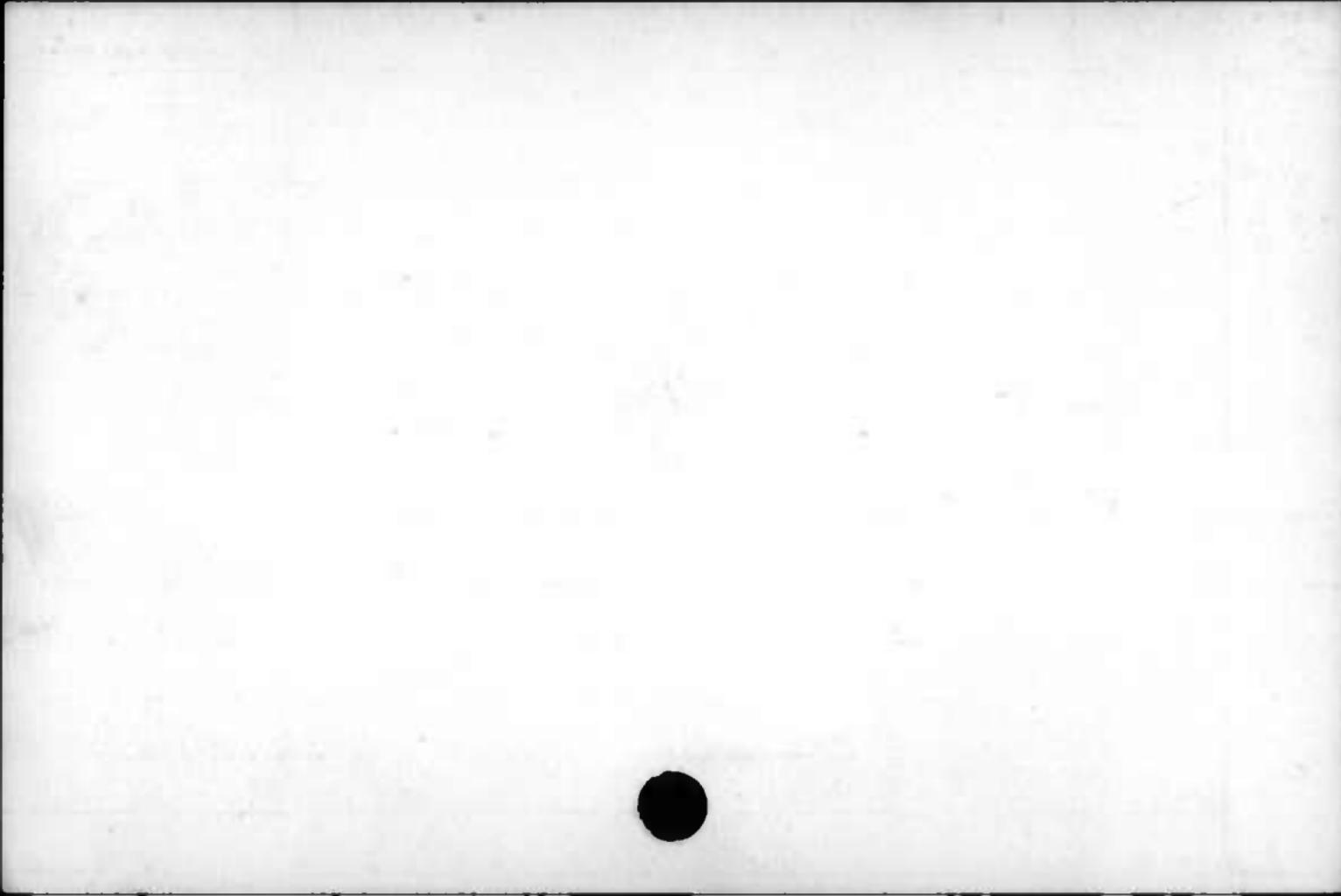
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County			
Died at	Alms House Cumberland		Allegany		MARYLAND	
Date of death	1908	Month	Day	Years	Months	Days
		Feb.	15	Age 69	-	-
Sex	Male	Color or Race	Colorado		Birth-place	Clearspring Md
Occupation	Black Smith		Where Residing if not at place of death		Maryland are	
Married, Single or Widowed	Widower	Name of Wife or Husband	Caroline Wagner		Father's Birthplace	Md
Father's Name	Dr James Beatty.				Mother's Birthplace	Md
Mother's Maiden Name	Caroline Wagner				How related to deceased	Daughter
Name of person giving information	May Long					
CAUSES OF DEATH						
Primary	Hemorrhage					
Immediate	Exhaustion					
Are the name, age, sex, color, date and place correctly given above?			Signature of Physician		How long	
Yes			W. F. Twigg		Six months	
stein			Address		one month,	
Accident or Suicide?					Cumberland	
					Md	

142

PHYSICIAN
OR CORONER

H



Name
in
Full

James Lovr Sr.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at	Town	County	MARYLAND		
Date of death	Month	Year	Months Days		
1908	Feb	14	76	4	6
Sex	Color or Race	Birth-place			
Male	White	Scotland			
Occupation	Where Residing if not at place of death				
Retired Merchant	—				
Married, Single or Widowed	Name of Wife or Husband	Father's Birthplace			
Married	Margaret Turnbull	Scotland			
Father's Name	Mother's Maiden Name	Mother's Birthplace			
James Lovr	Margaret Pearson	Scotland			
Name of person giving information	How related to deceased				
Mrs James Lovr	Wife				

CAUSES OF DEATH

154

How long

How long

Primary

Old age

Immediate

Heart failure

Are the name, age, sex, color, date and place correctly given above?

Yes

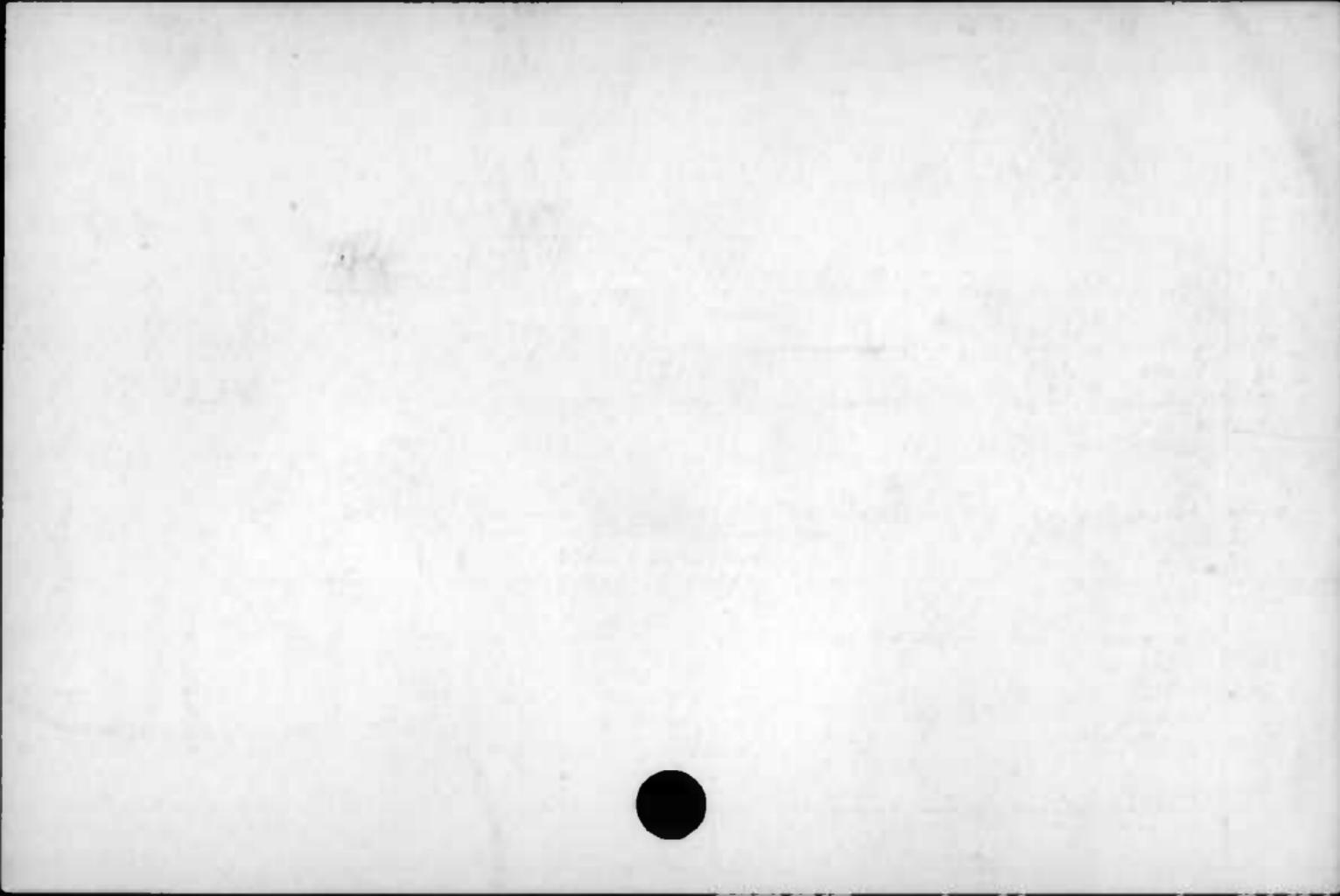
Signature of Physician

Address

Henry M. Hodges
Londromy
Md.

Accident or Suicide?

H



Name
in
Full

Wm. Tryzje Love

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at Sonacoming	County		MARYLAND		
Date of death 1908	Month Feb	Day 9	Age 1	Years	Months 6 Days 12
Sex Male	Color or Race White	Birth-place Sonacoming			
Occupation	Where Residing if not at place of death				
Married, Single or Widowed Single	Name of Wife or Husband				
Father's Name William Love			Father's Birthplace Sonacoming		
Mother's Maiden Name Lillian Mary Tryzje			Mother's Birthplace Kentucky		
Name of person giving information Wm. Love			How related to deceased Father		

CAUSES OF DEATH

93

How long

3 weeks.

How long

PHYSICIAN
OR CORONER

Primary

Pneumonia

Immediate

Asthma

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

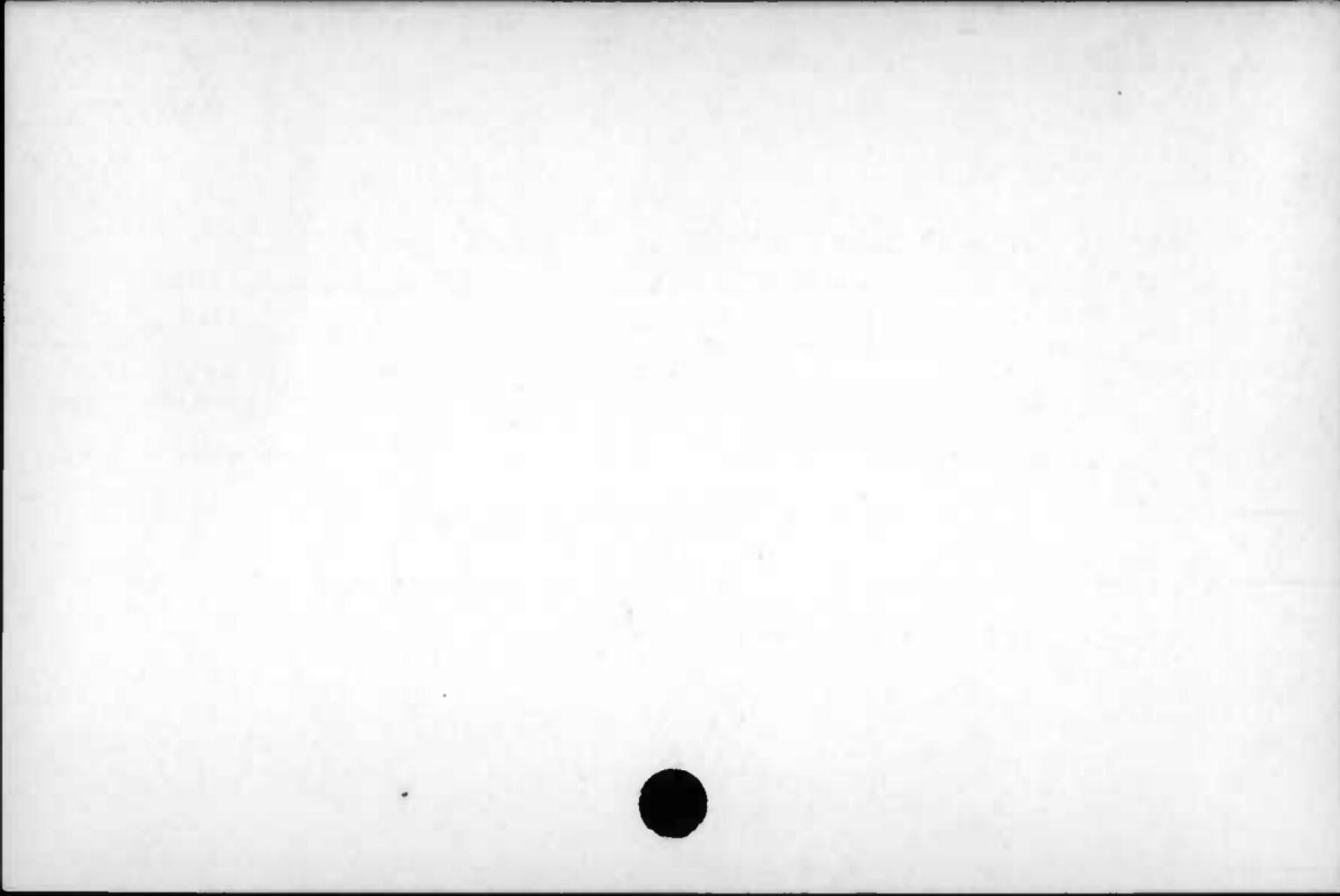
Henry M. Hodgson

Sonacoming, Ind

Address

Accident or Suicide?

No.



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

George W E Gachen

CERTIFICATE OF DEATH

Died at		Town	County		MARYLAND		
Date of death	1908	Month July	Day 6	Years Age 45	Months -	Days -	
Sex	male	Color or Race	White	Birth-place	Pa.		
Occupation	A R Engineer	Where Residing if not at place of death			Saxton Pa		
Married, Single or Widowed	Married	Name of Wife or Husband	Rebecca Kelly.				
Father's Name	Stephan W E Gachen			Father's Birthplace	Pa		
Mother's Maiden Name	Julian Heffner			Mother's Birthplace	Pa		
Name of person giving information	J. M. Sipe			How related to deceased	none		

CAUSES OF DEATH

166

Primary
Crushed skull

How long
Signified 10 A.M.

Immediate

11

How long

Died 8:30 P.M.

Are the name, age, sex, color, date and place correctly given above?

yes.

Signature of Physician

Address

GEO L Baird
Lumberland
Maryland

Stein
Ruey road
Accident

Accident or Suicide

Sax F

Name
in
Full

Mrs. Hugh McGuire

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND			
Date of death	Month	Day	Years	Months	Days	
Sex	Color or Race	Age	Birth-place			
Occupation	Where Residing if not at place of death					
Married, Single or Widowed	Name of Wife or Husband	Hugh McGuire				
Father's Name	Ireland					
Mother's Maiden Name	Mary McCue					
Name of person giving information	Mary Ellen McGuire					
CAUSES OF DEATH						
Primary	Penile Paroxysms					
Immediate	Exhaustion					
Are the name, age, sex, color, date and place correctly given above?			Signature of Physician			
Yes			Address			
H			John Gaffey Frederick Md			
Accident or Suicide?						

154

How long

How long

PHYSICIAN
OR CORONER

H

St. Michaels Town

J. Hafer

Name
in
Full

Elroy McKenna

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died	Month	Day	County	MARYLAND
Date of death 1908	2	11	Age 88	Months Days
Sex Female	Color or Race White		Birth-place Ireland	
Occupation House Wife	Where Residing if not at place of death			Cumberland Md
Married, Single or Widow Widowed	Name of Wife or Husband Kelley	Father's Name Kelley	Mother's Birthplace Kelley	
Mother's Maiden Name Murphy		Mother's Name Kelley	Mother's Birthplace Kelley	
Name of person giving information Robt. Birmingham		How related to deceased Nolle		
CAUSES OF DEATH				154
Primary	Senile dementia			How long Sam hinn
Immediate	General exhaustion			How long

PHYSICIAN
OR CORONER

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

M. W. Wiley
Cumberland Md

Accident or Suicide?

²
₁

St Patric^os =

Dr. R. N. N. -

Name
in
Full

Rose Ann Martin

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Pekin		Town	County Allegany		MARYLAND	
Date of death 1908	Month Feb	Day 8	Years 24	Age	Months 5	Days —
Sex Female	Color or Race white	Birth-place Pekin				
Occupation Housewife	Where Residing if not at place of death					
Married, Single or Widowed Married	Name of Wife or Husband William Martin					
Father's Name John Mullen	Father's Birthplace Ireland					
Mother's Maiden Name Catherine Stone	Mother's Birthplace Ireland					
Name of person giving information William Martin	How related to deceased Husband					

CAUSES OF DEATH

34

PHYSICIAN
OR CORONER

Primary

Acute General Tuberculosis

New long

5 months

Immediate

Dysentery - Strangulation

How long

2 months

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

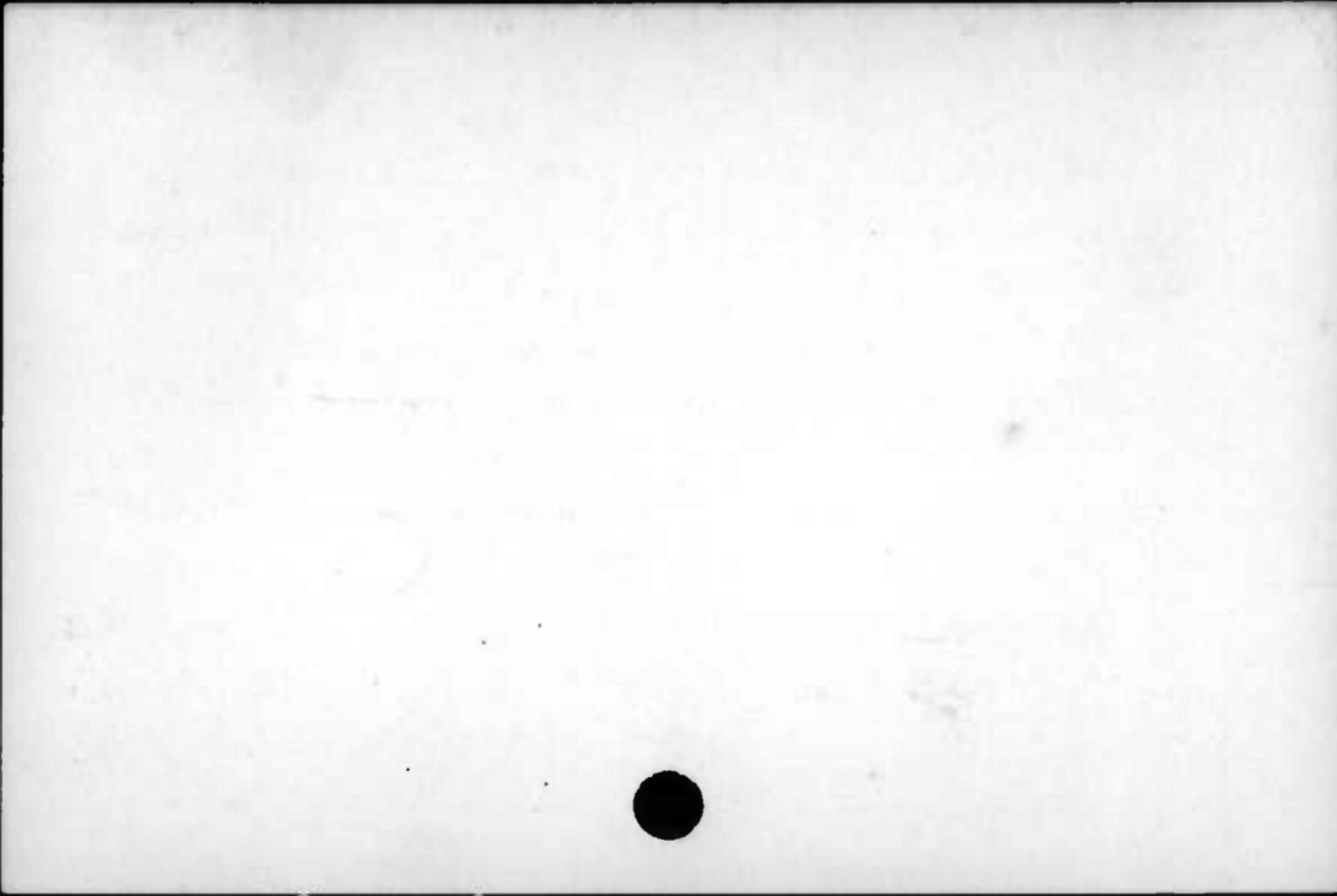
James Q. Bullock Jr.

Severnaring Md.



Accident or Suicide?

No



Name
in
Full

Mary Anna Mabius.

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at Ellerslie -

County

MARYLAND

Date
of death 1908

Month
Fig

Day
24

Years
—

Months
6

Days
—

Sex Female

Color or
Race

White

Birth-
place

Ellerslie

Occupation
none

Where Residing if not
at place of death
—

Married, Single
or Widowed

Name of Wife or
Husband
—

Father's
Name

Charles E Mabius.

Father's
Birthplace

Bedford Co Pa

Mother's
Maiden Name

Elizabeth May Black

Mother's
Birthplace

" " Pa

Name of person giving
Information

Charles E Mabius

How related
to deceased

Father

CAUSES OF DEATH

(8)

Primary

Whooping Cough

How long

2 weeks

Immediate

Pneumonia

How long

5 days

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

J. C. Smart
Ellerslie

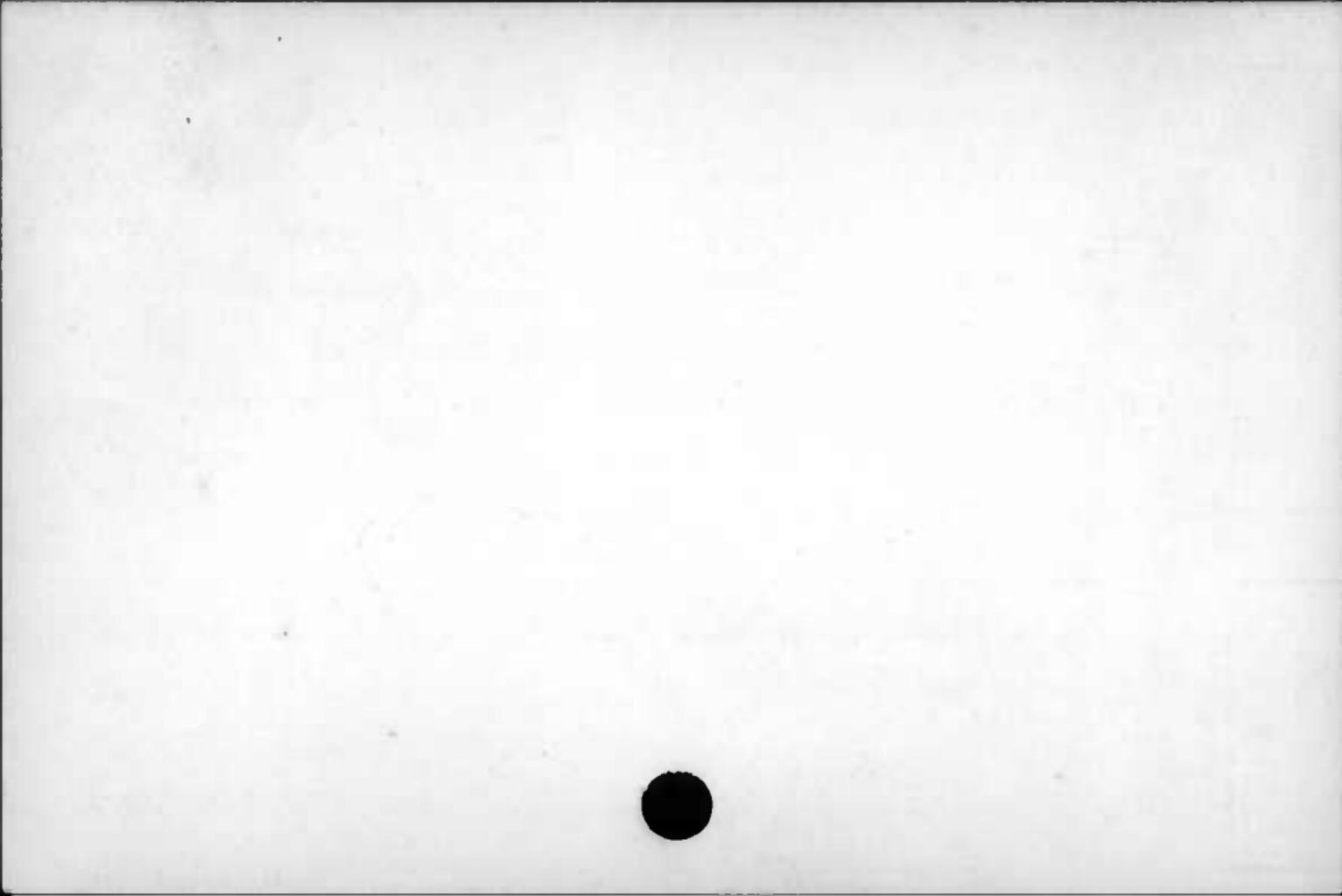
Address

MD

I

Accident or Suicide?

Carry Mabius



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Jesse E Moore

CERTIFICATE OF DEATH

Died at <u>Carroll</u>		County <u>Carroll</u>		MARYLAND	
Date of death <u>1908</u>	Month <u>Feb</u>	Day <u>5</u>	Years <u>1</u>	Months	Days
Sex <u>Male</u>	Color or Race <u>White</u>	Birth-place <u>Md</u>			
Occupation <u>none</u>	Where Residing if not at place of death <u>161 Grand ave</u>				
Married, Single or Widowed <u>Single</u>	Name of Wife or Husband <u>none</u>				
Father's Name <u>Edward Moore</u>	Father's Birthplace <u>West Va</u>				
Mother's Maiden Name <u>Anna Shanning</u>	Mother's Birthplace <u>Md</u>				
Name of person giving information <u>Mrs Anna Moore</u>	How related to deceased <u>Mother</u>				

CAUSES OF DEATH

93

Primary

Pneumonia

How long

3 days

Immediate

Edema of lungs

How long

few hours

Are the name, age, sex, color, date and place correctly given above?

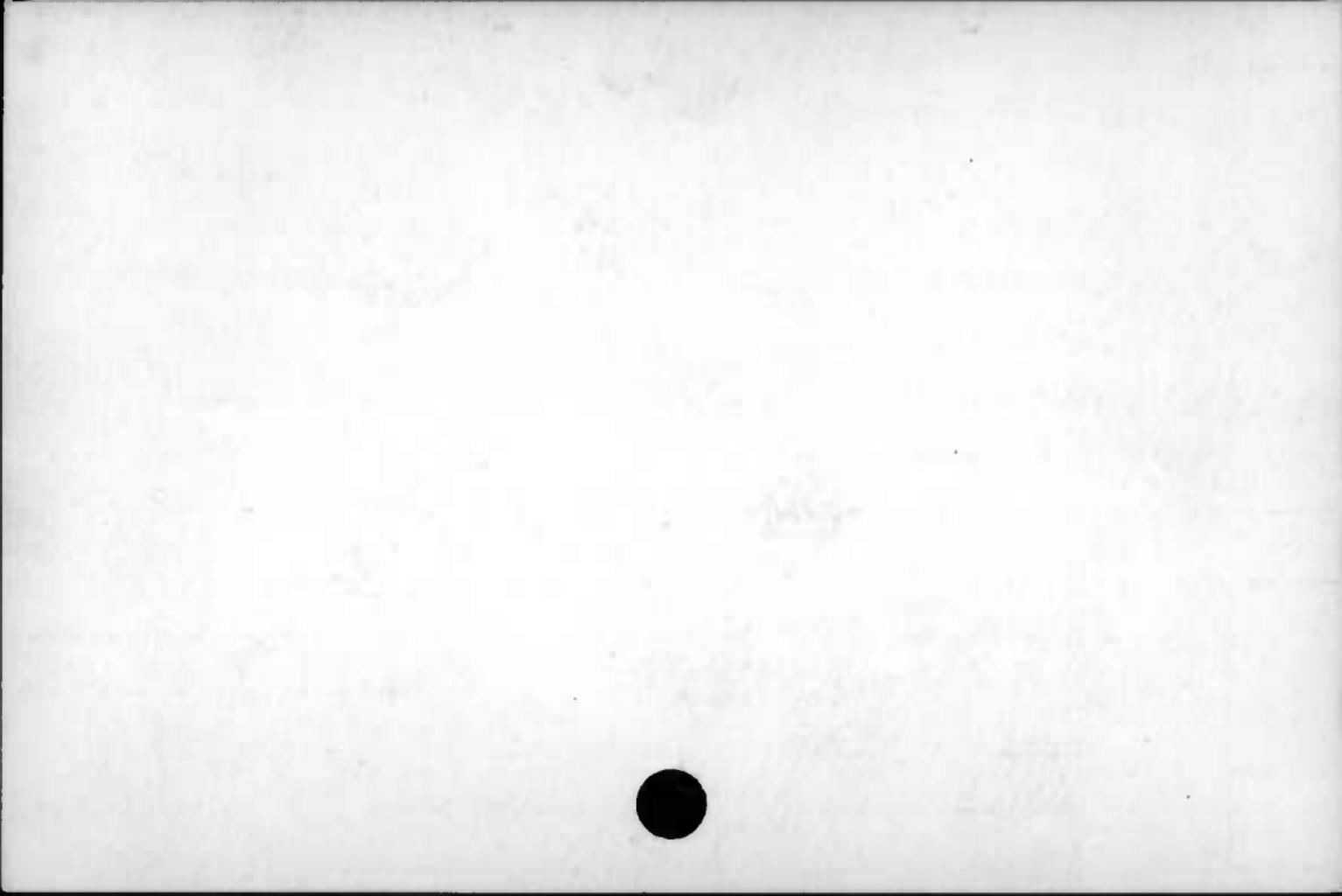
Signature of Physician

Address

Edward Harris
Cumberland
Md.

I

Accident or Suicide?



Name
in
Full

Pett Or Morgan

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND
Date of death	Month	Day	Years Months Days
Sex	Color or Race	Age	
Occupation	Where Residing if not at place of death		
Married, Single or Widowed	Name of Wife or Husband		
Father's Name	John C. Morgan		
Mother's Maiden Name	Elizabeth Beagle		
Name of person giving Information	Dawn Morgan		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Pneumonia

Immediate

Result of a bone

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

93

How long

Only

How long

once

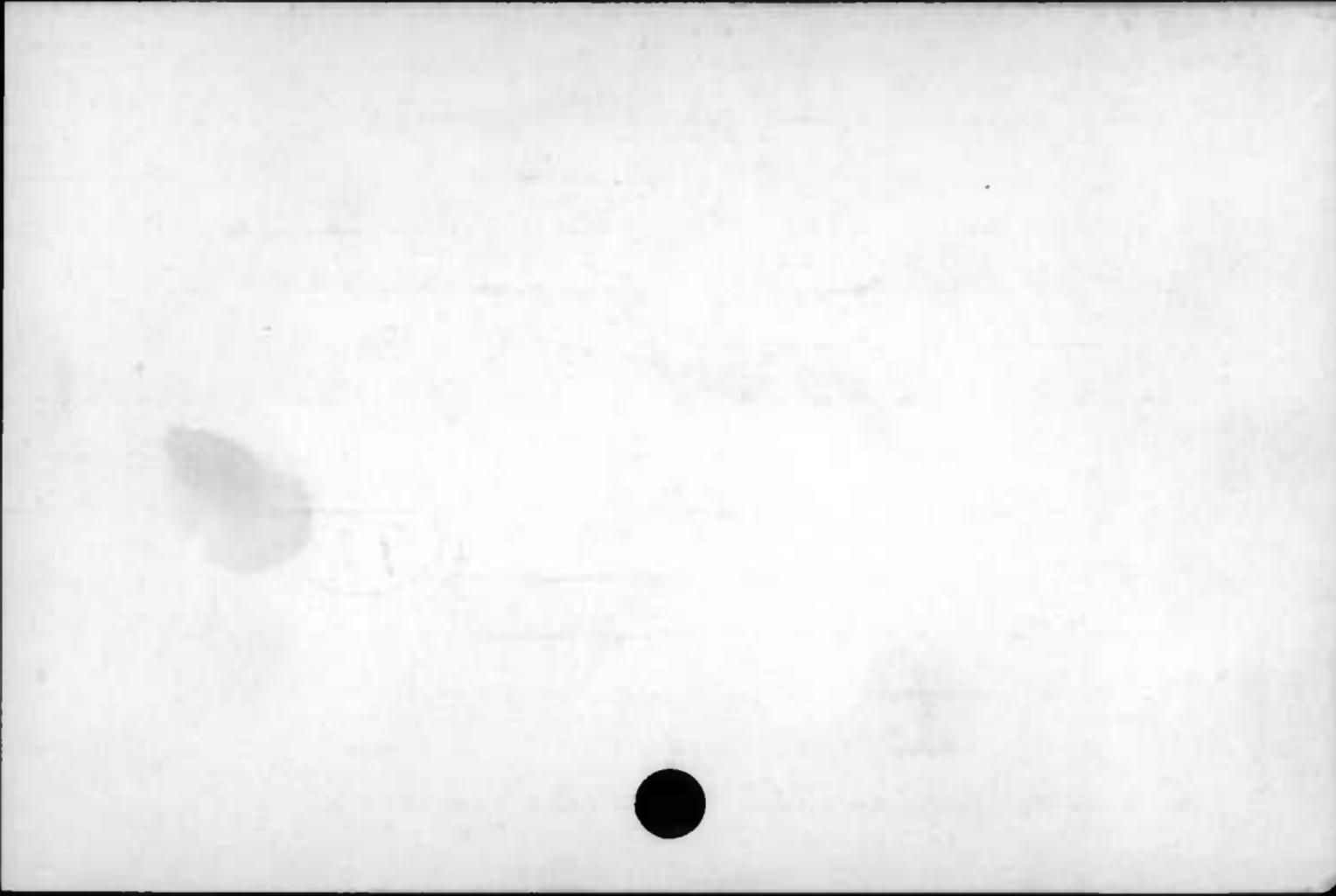
How long

and

How long

Accident or Suicide?

Neither



Name
in
Full

Charles Robert Mudge

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Town	County			MARYLAND		
Died at S. Cumberland	allegany					
Date of death 1908	Month Feb	Day 4	Years 32	Months 4	Days -	
Sex Male	Color or Race White	Birth-place Cumberland				
Occupation BPO Caller.	Where Residing if not at place of death oak st					
Married, Single or Widowed Single	Name of Wife or Husband -					
Father's Name Mrs R Mudge	Father's Birthplace England					
Mother's Maiden Name Sotlieben Zeigler	Mother's Birthplace Germany					
Name of person giving information George Mudge	How related to deceased Brother					

Struck by engine

CAUSES OF DEATH

166

How long

How long

PHYSICIAN
OR CORONER

Primary

Rail Road accident

Immediate

Are the name, age, sex, color, date and place correctly given above?

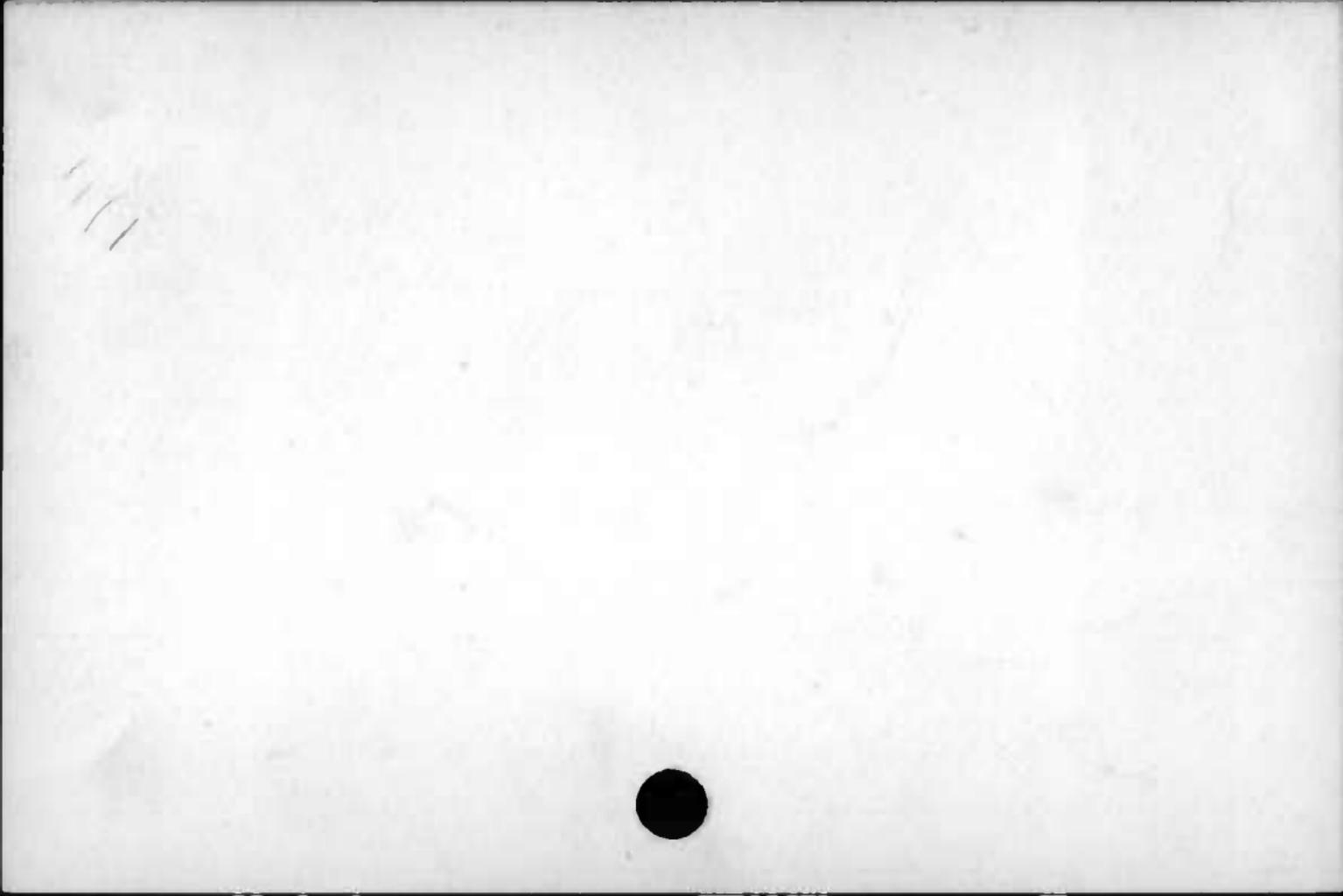
yes.

Signature of Physician

Address

J. H. Hailey, Coroner
Cumberland
Md

Accident or Suicide?



Name
in
Full

Moscow Mills Lewis Myers Jr.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Lonaconing		County	MARYLAND		
Date of death 190	Month	Day	Years	Months	Days	
Sex	male	Color or Race	Age	20	-	
Married, Single or Widowed	Single		Occupation	Barter, Md.		
Name of Wife or Husband						
Father's Name	Lewis Myers		Father's Birthplace	Barter		
Mother's Maiden Name	Eveline Connor		Mother's Birthplace	Eckhardt		
Name of person giving information	Ollie. Connor		How related to deceased	Uncle		

Killed by Electric bar.

CAUSES OF DEATH

166

How long

How long

PHYSICIAN
OR CORONER

Primary
accidentia
allect on track -

Immediate

Are the name, age, sex, color, date and place correctly given above?

yes

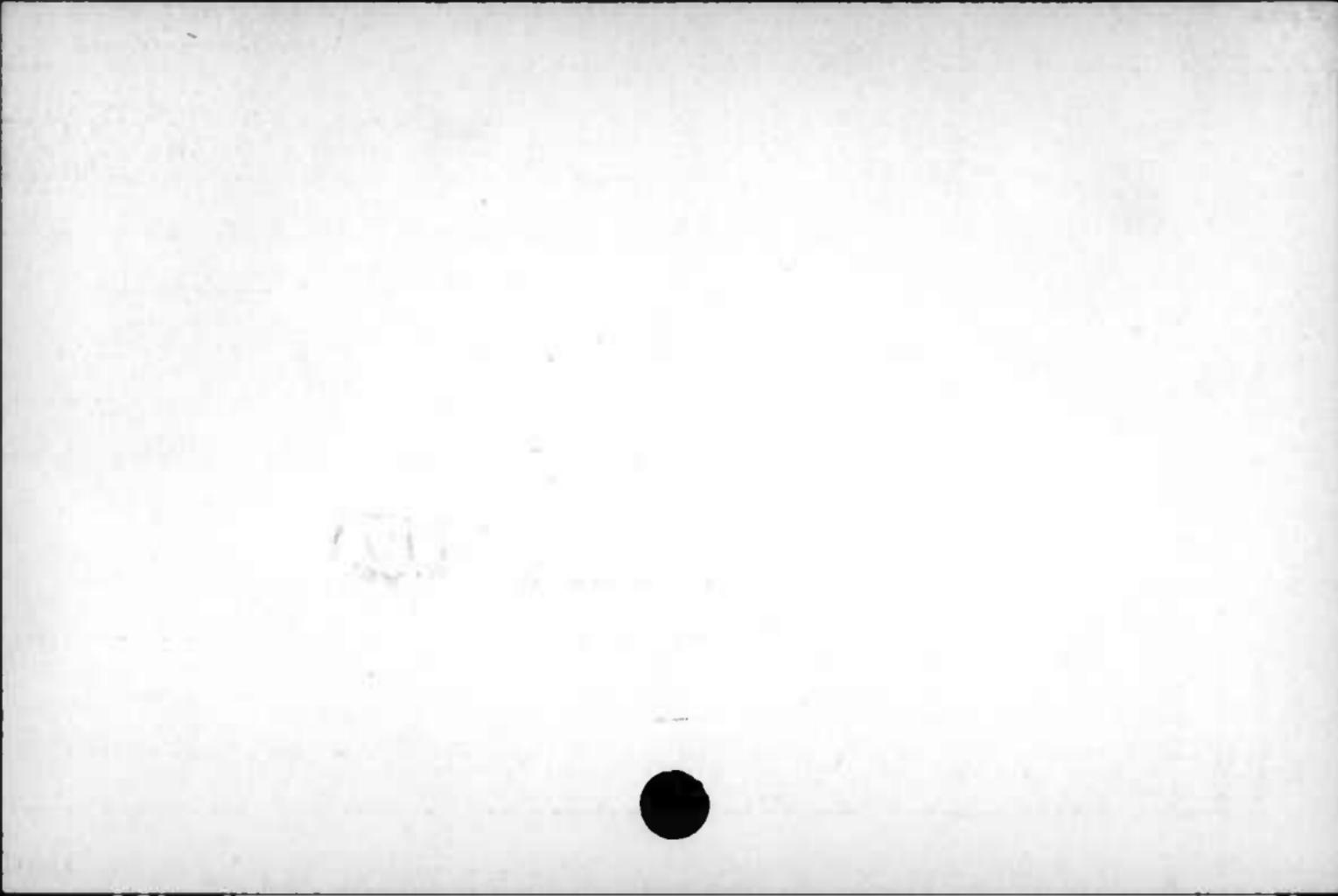
Signature of Physician

Address

J H Matz Turner
Cumberland
Md



Accident or Suicide?



Name
in
Full

Harriet Witter Highgate

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

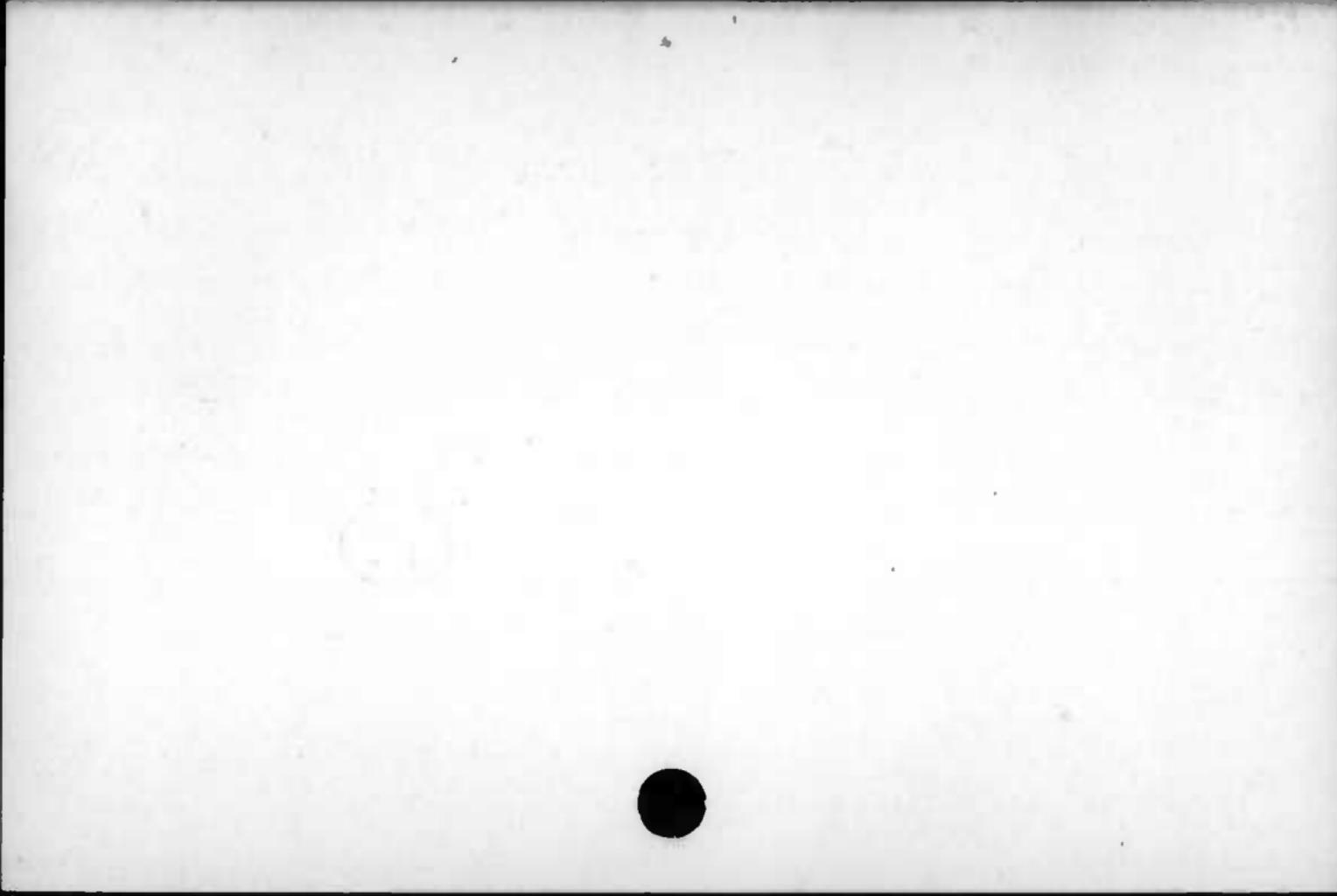
Town	County	MARYLAND		
Died at Sonacomy	Allegany	Month	Day	Years Months Days
Date of death 1908 Feb 8	Age 62	9		
Sex Female	Color or Race White	Birth-place England		
Occupation Housework	Where Residing if not at place of death			
Married, Single or Widowed Widowed	Name of Wife or Husband Samuel Highgate deceased	Father's Birthplace England		
Father's Name Edward Woodward	Mother's Birthplace England			
Mother's Maiden Name Unknown	How related to deceased Daughter			
Name of person giving information Ms. Walker				

CAUSES OF DEATH

10

PHYSICIAN
OR CORONER

Primary	Asthma La Grippe	How long	Several weeks
Immediate	Suppression of Urine, Nausea	How long	24 hours
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	Henry H. Hodson
		Address	Sonacomy, Md.
Accident or Suicide?			



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

Lewis Parker

CERTIFICATE OF DEATH

Died at <u>Emm</u> Town		County <u>Alle</u>		MARYLAND	
Date of death <u>1908</u>	Month <u>Feb</u>	Day <u>4</u>	Age <u>90</u>	Years	Months
Sex <u>Male</u>	Color or Race <u>Gaveld</u>	Where Residing if not at place of death		Birth-place <u>Va</u>	
Occupation <u>Gaber</u>			<u>Bedfordwood</u>		
Married, Single or Widowed <u>Widow</u>	Name of Wife or Husband <u>Caroline Parker</u>	Father's Name	Father's Birthplace <u>Don't know</u>		
Mother's Maiden Name	<u>don't know</u>	Mother's Name	Mother's Birthplace <u>Don't know</u>		
Name of person giving information <u>Lily Bailey</u>			How related to deceased <u>Daughter</u>		

CAUSES OF DEATH

125

How long

PHYSICIAN
OR CORONER

Primary

Gavel, Strachan & old age

How long

Immediate

Are the name, age, sex, color, date and place correctly given above?

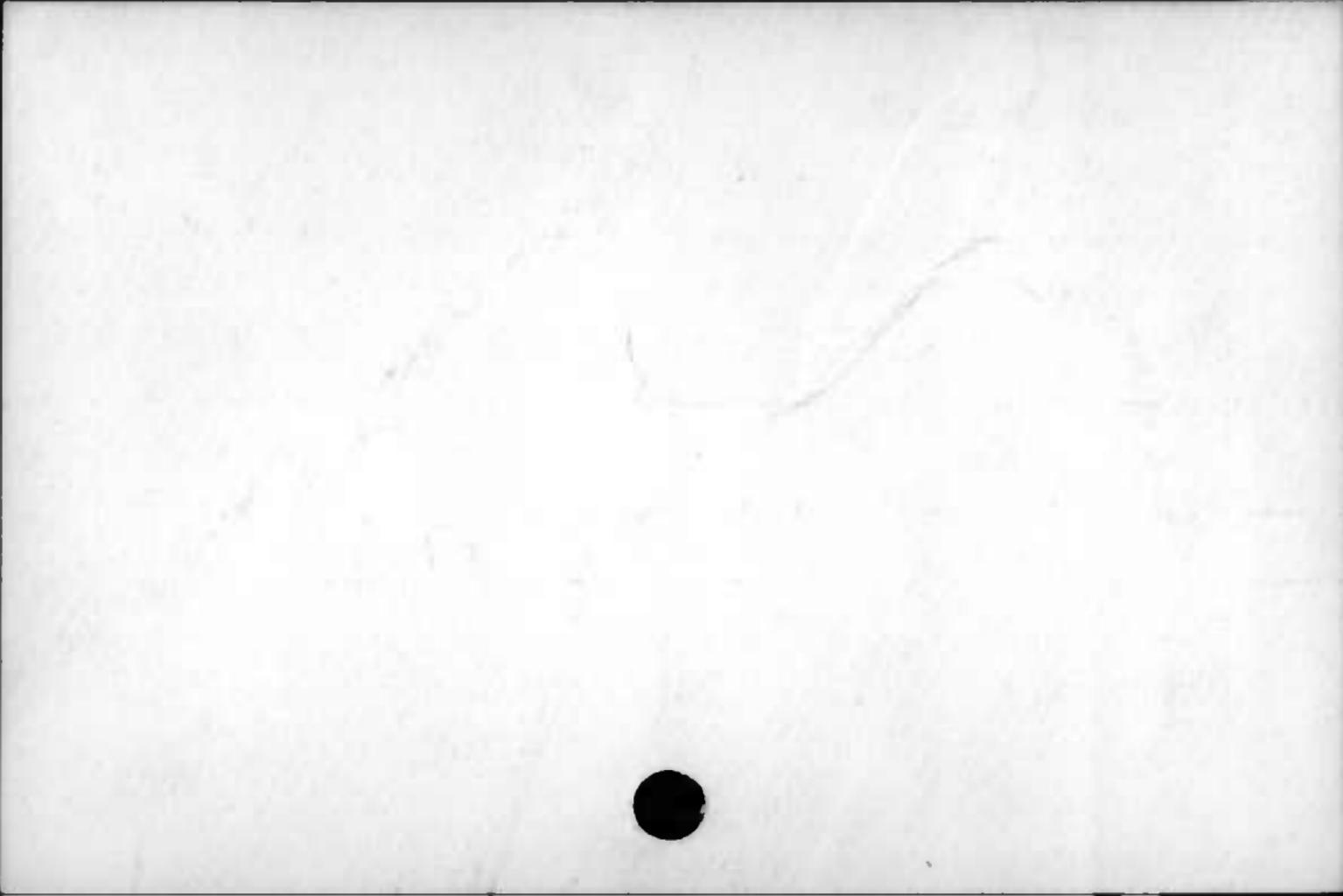
Signature of Physician

True

Address

J.H. Mark corner
Girardland
Md

Accident or Suicide?



Name
in
Full

Catherine Paulus

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
1908	Feb	19	81	2	19
Sex	Female	Color or Race	White	Birth place	Germany
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Widow	Name of Wife or Husband	John Paulus		
Father's Name	Peter Kerber				
Mother's Maiden Name	Anna Nolle				
Name of person giving information	Anna Ebbert				

CAUSES OF DEATH

154

How long

How long

PHYSICIAN
OR CORONER

Primary

Infirmity of old age

Immediate

Obstruction

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

R.W. Weller,
Baltimore, Md.

Accident or Suicide?



1848
Mrs. Anna Abbott
John Forniss
Henry Blodget
of Worcester

15 meadow

lawn

Name
in
Full

Wilbert Paul Porter

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town Elerslie	County Angeoy	MARYLAND		
Date of death 190	Month Feb	Day 20	Years 1	Months -	Days 10.
Sex male	Color or Race White	Birth- place Elerslie			
Occupation -	Where Residing if not at place of death -				
Married, Single or Widowed -	Name of Wife or Husband -				
Father's Name Harry Robert Porter	Father's Birthplace Pa.				
Mother's Maiden Name Lydia Lowery	Mother's Birthplace Pa.				
Name of person giving Information Norman Porter	How related to deceased Son of Father				

✓

CAUSES OF DEATH

8

PHYSICIAN
OR CORONER

Primary

Whooping Cough

How long

4 mos

Immediate

Meningitis

How long

6 days

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

Address

J. E. A. D. Smith
Elerslie

H

Accident or Suicide?



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

James Price

CERTIFICATE OF DEATH

Died at <u>Gilmore</u>		Town <u>Allegany</u>		County <u>MARYLAND</u>	
Date of death <u>1908</u>	Month <u>Feb</u>	Day <u>3</u>	Years <u>73</u>	Months <u>3</u>	Days <u>—</u>
Sex <u>Male</u>	Color or Race <u>white</u>	Birth-place <u>Ireland</u>			
Occupation <u>Miner - Merchant - Retired</u>	Where Residing if not at place of death <u>✓</u>				
Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <u>Mary Ellen Carr</u>				
Father's Name <u>William Price</u>	Father's Birthplace <u>Ireland</u>				
Mother's Maiden Name <u>Margaret Boyd</u>	Mother's Birthplace <u>Ireland</u>				
Name of person giving Information <u>Mary M. Millan</u>	How related to deceased <u>daughter</u>				

CAUSES OF DEATH

(91)

How long

How long

Primary

Chronic Bronchitis 2 years

Immediate

Acute Bronchitis - Heart failure 4 days -

Are the name, age, sex, color, date and place correctly given above?

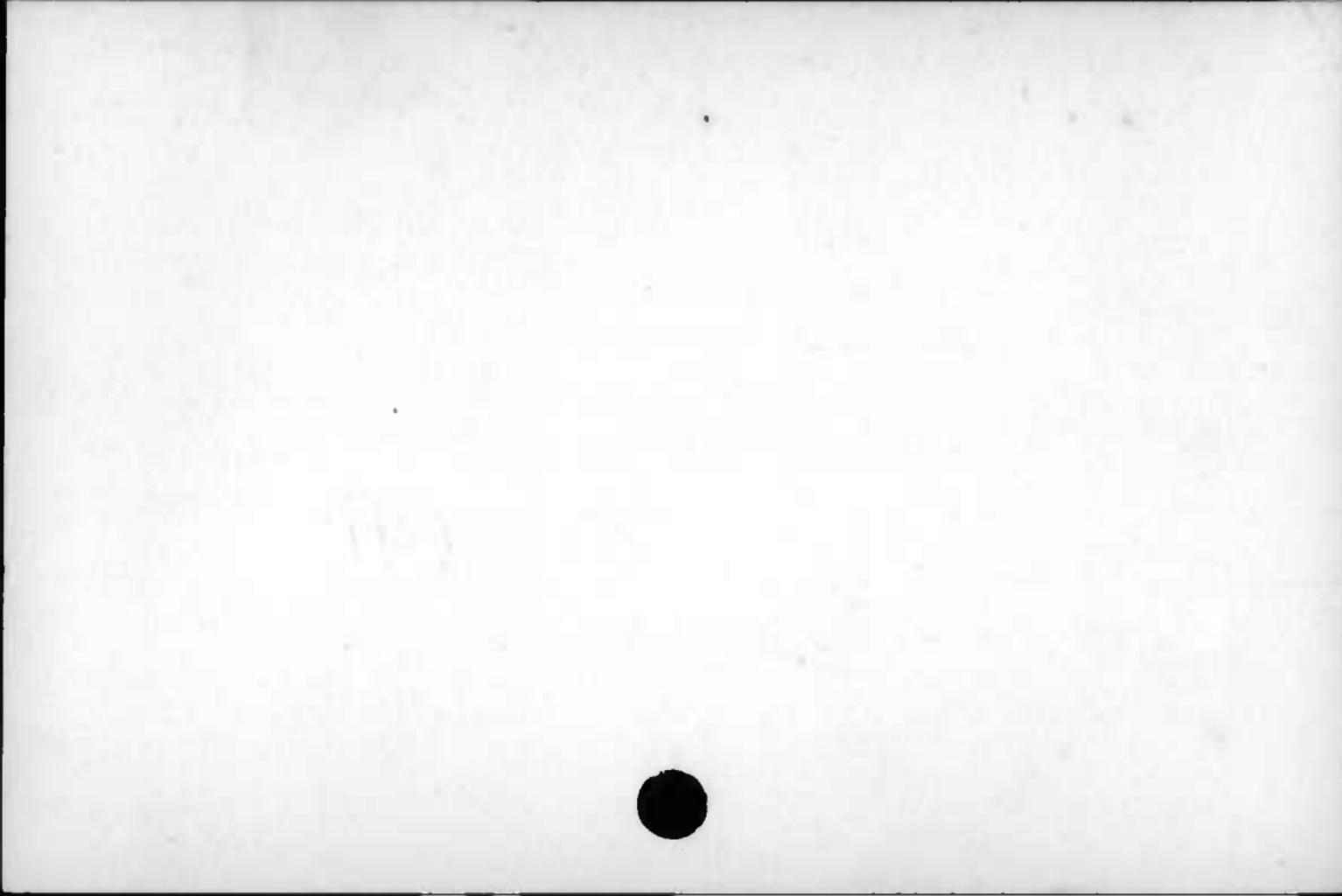
yes

Signature of Physician

Address

James O. Bullock MD
Surgeon U.S.A.

Accident or Suicide? No



Name
in
Full

John A. Pur till

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town		County		MARYLAND	
Date of death	1908	Month Feb	Day 19	Years 24	Months 10	Days -
Sex	Male		Color or Race	White		
Occupation	Railroad		Where Residing if not at place of death Painesville Ohio			
Married, Single or Widowed	Single		Name of Wife or Husband	Painesville Ohio		
Father's Name	John J. Pur till		Maryland			
Mother's Maiden Name	Annie Anderson		Scotland			
Name of person giving information	John J. Pur till		How related to deceased Father			

CAUSES OF DEATH

(1)

PHYSICIAN
OR CORONER

Primary

Typhoid Fever

How long

33 days.

Immediate

Perforation & Intramural hemorrhage.

How long

4 hours

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

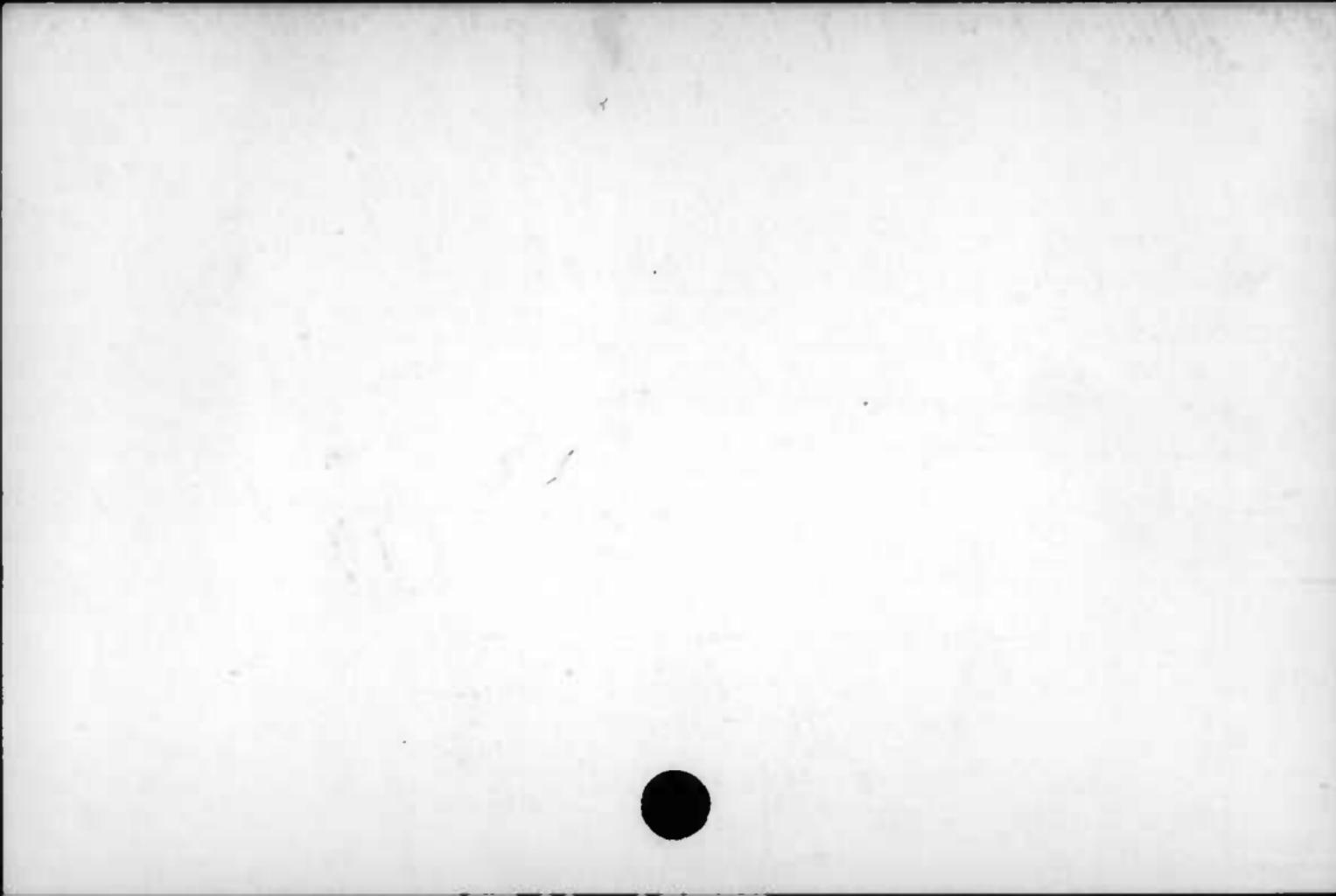
William R. Foard M.D.

Address

116 Virginia Ave
Cumberland Md.

H

Accident or Suicide?



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

CERTIFICATE OF DEATH

Died at

Town

County

Date
of death

1908

Day

Years

Months

Days

L. Rawlings

allegheny -

MARYLAND

Sex

Male

Color or
RaceAge 70
WhiteBirth-
place

Maryland

Occupation

Clerk

Where Residing if not
at place of death

Maryland

Married, Single
or Widowed

Married

Name of Wife or
Husband

Guelde E. Rawlings,

West Va

Father's
Name

Moses Rawlings

Father's
BirthplaceMother's
Maiden Name

Rebecca McCullough

Mother's
BirthplaceName of person giving
Information

Lloyd Rawlings

How related
to deceasedTrosbury
Son.

CAUSES OF DEATH

61

How long

One week

Primary

Meingitis
Exhaustion

How long

—

Immediate

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Address

F.B. McDonald
Cumberland Md,PHYSICIAN
OR CORONER

H

Accident or Suicide?

Dr MacFowle

Name
in
Full

Claude Reed

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

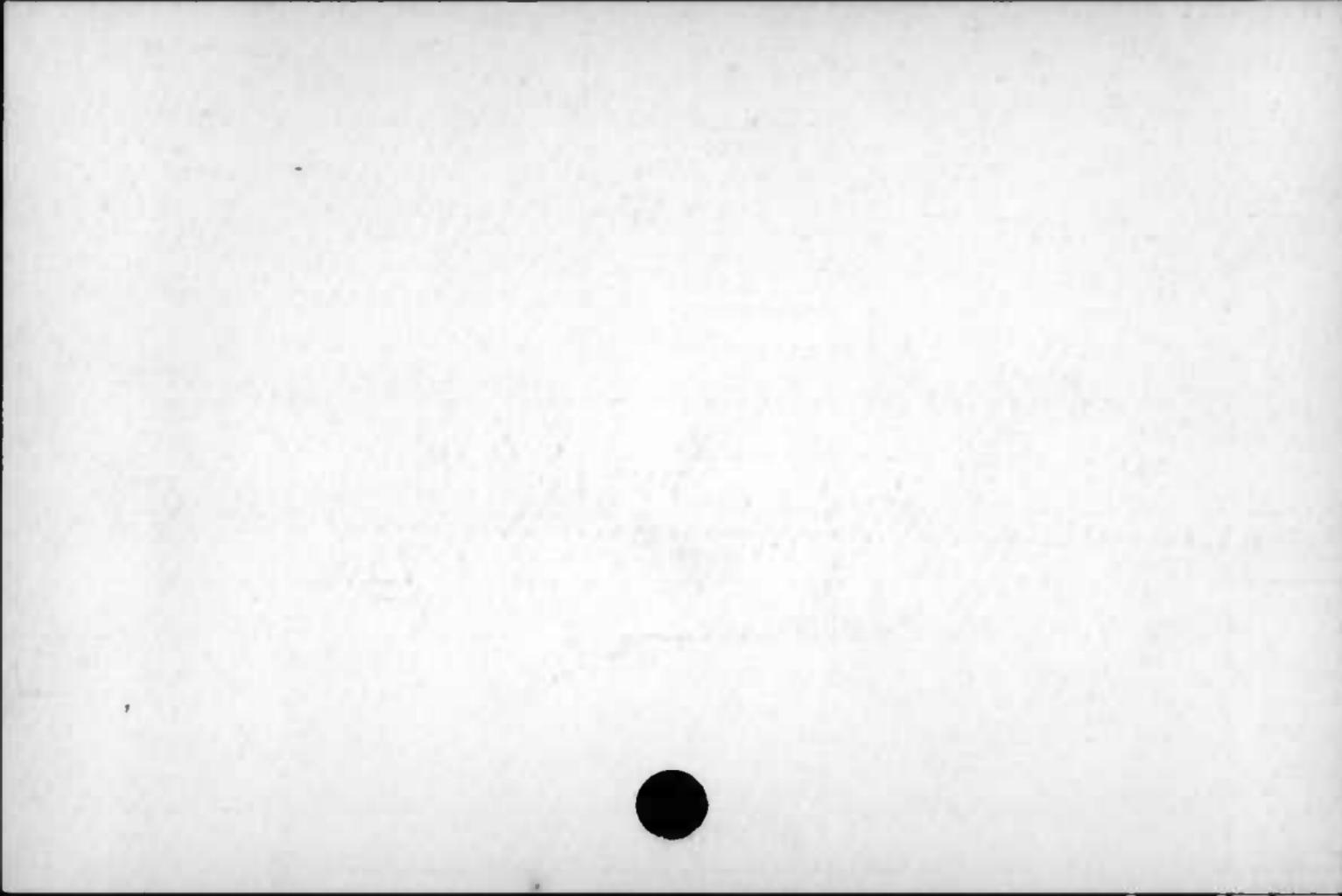
Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
1908	Feb	12	-	8	17
Sex	Male	Color or Race	White	Birth-place	Camb'de
Occupation	None	Where Residing if not at place of death			
Married, Single or Widowed	Single	Name of Wife or Husband	—		
Father's Name	J. J. Reed	Father's Birthplace	Romney W. Va		
Mother's Maiden Name	Carrie Birmingham	Mother's Birthplace	Petersburg W. Va		
Name of person giving information	J. J. Reed	How related to deceased	Father		

CAUSES OF DEATH

93

Hour long

Primary	Sennunia	
Immediate	Convulsions	
Are the name, age, sex, color, date and place correctly given above?	yes.	Signature of Physician
Stein	Address	J. H. Stahl M.D.
Accident or Suicide?	D. C. Mechanics & Camb'de Md	



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Joseph Reed (Alms House)

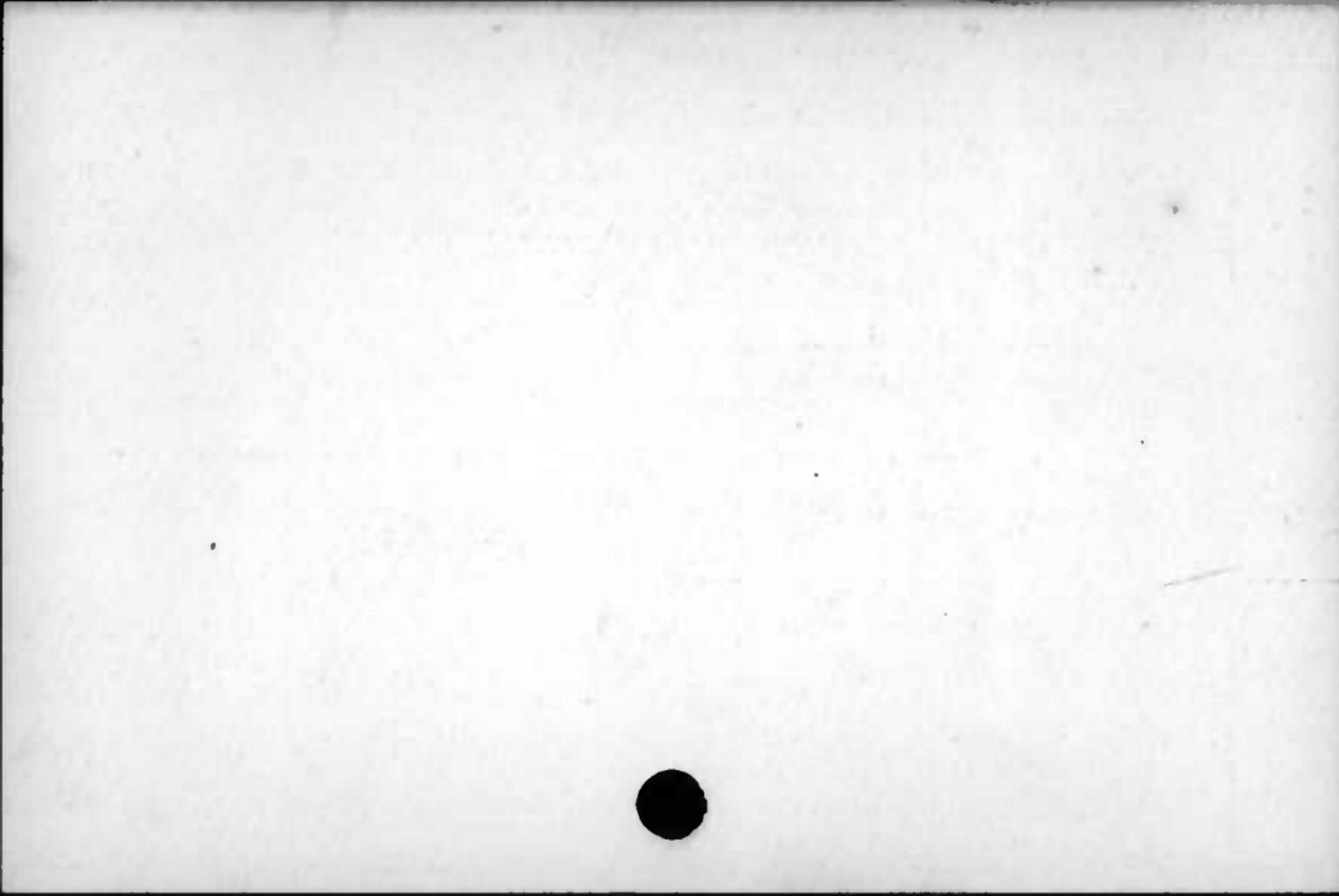
CERTIFICATE OF DEATH

Died at	Town	County	MARYLAND
Date of death	Month	Years	Months Days
1908	Feby 8	78	
Sex	Male	Age	Color of Race
Occupation	Sailor	Where Residing if not at place of death	
Married, Single or Widowed	Newkrown	Name of Wife or Husband	
Father's Name	Newkrown	Father's Birthplace	England
Mother's Maiden Name	Newkrown	Mother's Birthplace	England
Name of person giving information	Peter Wilson	How related to deceased	No

CAUSES OF DEATH

93

Primary Old age and General Debility
Immediate Acute Pneumonia
Are the name, age, sex, color, date and place correctly given above?
Signature of Physician
Address
Accident or Suicide



Name
in
Full

Robert Lynwood Reid

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Town	County		
Died at Cumberland	Allegany		
Date of death 1908	Month July	Day 5	Years 30
Age	Months 11	Days 8	
Sex Female	Color or Race White	Birth-place Cumberland	
Occupation Teamsters	Where Residing if not at place of death —		
Married, Single or Widowed Married	Name of Wife or Husband Mary V. Reid	Father's Name Robert Reid	Father's Birthplace Cumberland
Mother's Maiden Name Bridget Dennis		Mother's Birthplace Cumberland	
Name of person giving information Mary V. Reid		How related to deceased Wife	

CAUSES OF DEATH

27

How long

6 years

How long

Had the disease
Killed herself
Yes

PHYSICIAN
OR CORONER

Primary

Consumption

Immediate

Gangrene

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

Stein.

Accident or Suicide?

8 weeks -

Name
in
Full

Sylvester Reitenbauch

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death 1908	Month Feb	Day 18	Years	Months	Days
Sex male	Color or Race	white	Birth place	Town Creek	
Married, Single or Widowed	Occupation				
Name of Wife or Husband					
Father's Name	Jesse Reitenbauch			Father's Birthplace	Penna
Mother's Maiden Name	Mabel Holderman			Mother's Birthplace	Penna
Name of person giving Information	Jesse Reitenbauch			How related to deceased	Father

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Hemorrhage

(85)

How long

4 hours

Immediate

Heart Failure

How long

Are the name, age, sex, color, date
and place correctly given above?

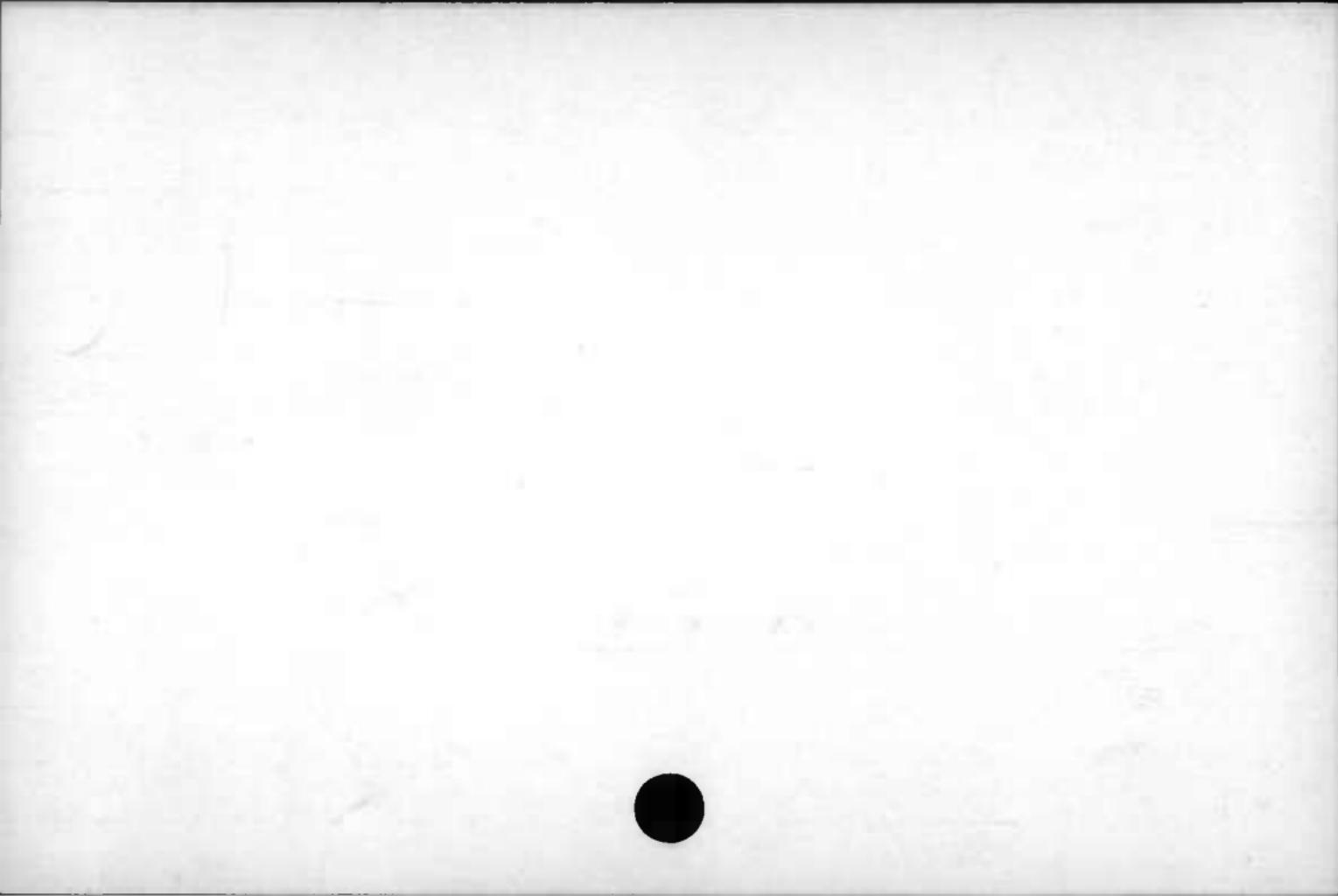
yes

Signature of
Physician

Address

C.V.L. Harbaugh
Oldtown, Md.

Accident or Suicide?



Name
in
Full

Sieyah Rice (ayseum)

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Died at	Cumberland	allegany	Months	Days	
Date of death	1908	Month	Day	Years	
	Feb		19	65	
Age					
Sex	Female	Color or Race	White	Birth-place	MD
Occupation	Poem	Where Residing if not at place of death			
Married, Single or Widowed	Single	Name of Wife or Husband			
Father's Name	New Brown	Father's Birthplace	New Brown		
Mother's Maiden Name	New Brown	Mother's Birthplace	New Brown		
Name of person giving information	Sieyah Rice	How related to deceased	No		

CAUSES OF DEATH

14

PHYSICIAN
OR CORONER

Primary

Obstetrics

ewfle

Immediate

Anæsthesia

newfle

Are the name, age, sex, color, date and place correctly given above?

yes

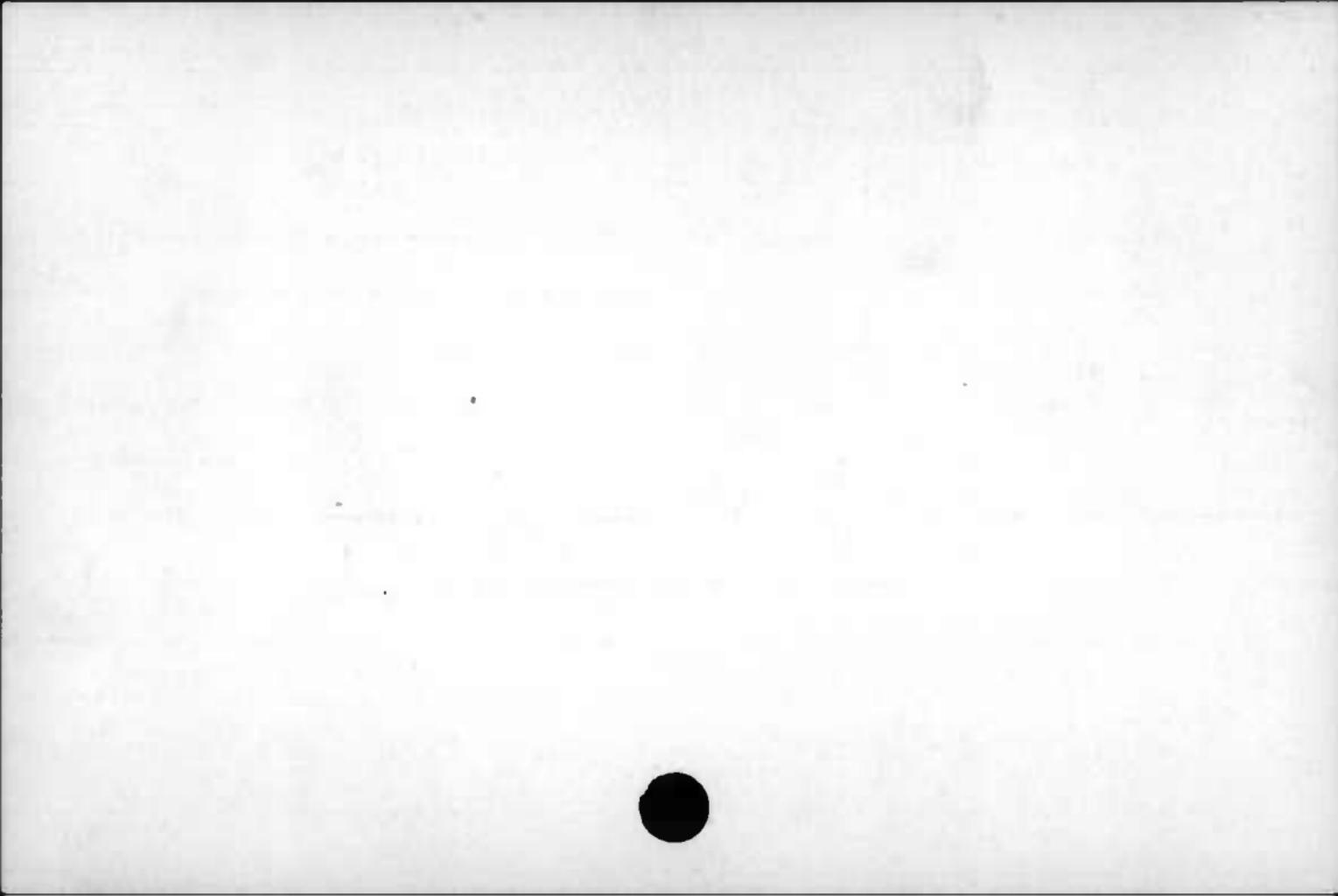
Signature of Physician

Address

H. F. Scragg,
Cumberland, Md.

+

Accident or Suicide?



Name
in
Full

William Franklin Roberts Jr.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND
Date of death	Month	Day	Years
Sex	Color or Race	Age	Months
Occupation	Where Residing if not at place of death	Birth-place	Days
Married, Single or Widowed	Name of Wife or Husband	—	
Father's Name	William F. Roberts	Father's Birthplace	West Va
Mother's Maiden Name	E. B. Floyd	Mother's Birthplace	Md
Name of person giving information	William F. Roberts	How related to deceased	Father

CAUSES OF DEATH

93

How long

10 days

How long

Phys. V. Howard

Address
Baltimore
Md

PHYSICIAN
OR CORONER

Primary
Pneumonia

Immediate
Exhaustion

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Stone

Accident or Suicide?

Kearneysville West Va
Jefferson County

Name
in
Full

Daniel Feally

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at Frostburg Town County Allegany
Date of death 1908 Month 2 Day 7 Years 52 Months — Days —

MARYLAND

Sex Male Color or Race White Birth-place U. S.

Occupation Carpenter Where Residing if not at place of death Home

Married, Single or Widowed M. Name of Wife or Husband Mary Feally

Father's Name James Feally Father's Birthplace Ireland

Mother's Maiden Name Doesn't Know Mother's Birthplace Ireland

Name of person giving information Dicky Brad How related to deceased Son in law

CAUSES OF DEATH

166

How long

Primary Penetrating wound abdomen

How long

Immediate Internal hemorrhage

20 Minutes

PHYSICIAN
OR CORONER

Are the name, age, sex, color, date and place correctly given above?

Yes

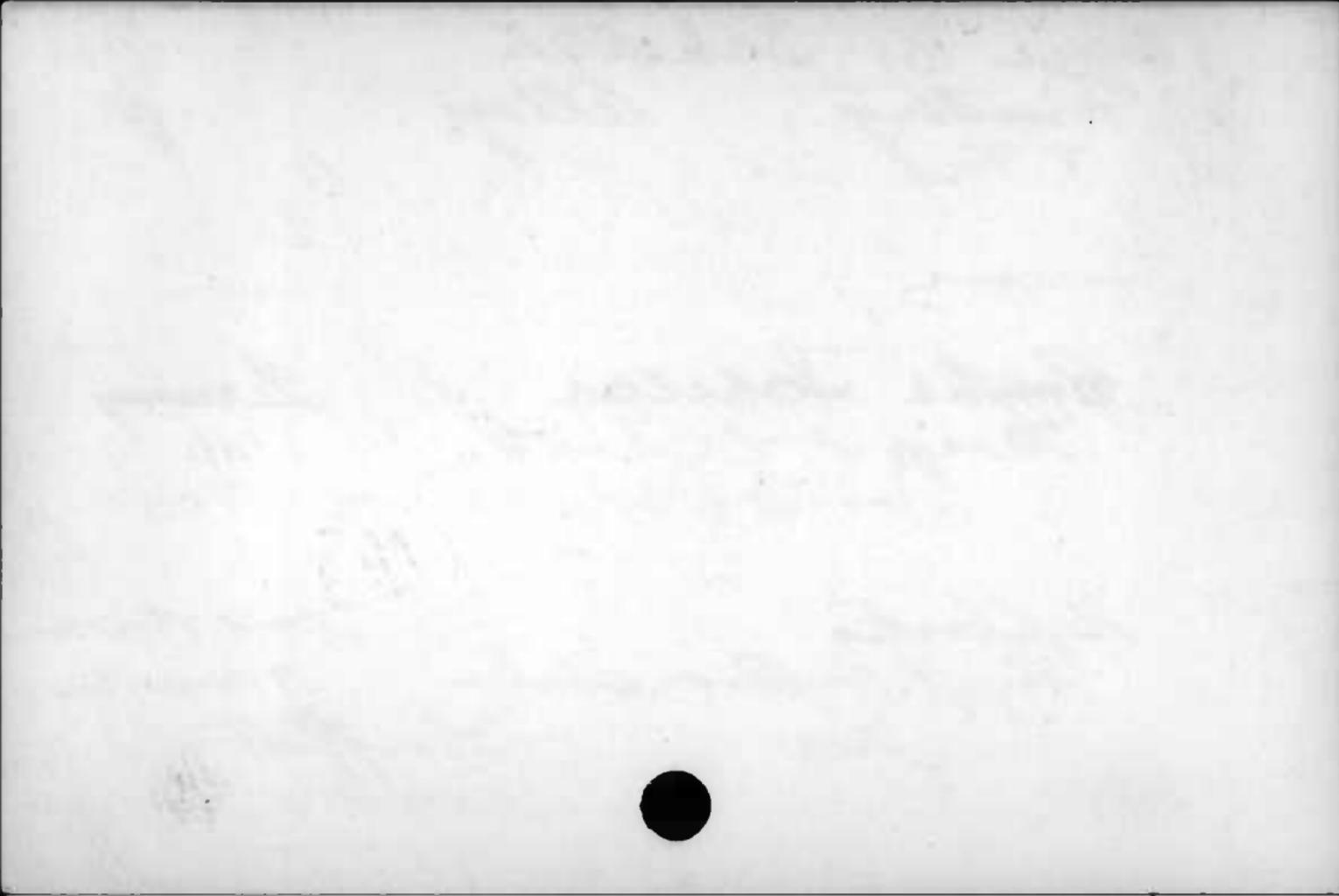
Signature of Physician

Thomas J. Glasco

Frostburg, Md.

Address

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Annie K. Scheller

Died at Frostburg Alley County

MARYLAND

Date of death 1908 Month Feb Day 25 Years Age 49 Months 11 Days

Sex F

Color or Race cr

Birth-place Pa

Occupation

Where Residing if not
at place of deathMarried, Single
or WidowedName of Wife or
Husband

Father's Name

Casper Scheller

Father's Birthplace

Germany

Mother's Maiden Name

Margel E Gault

Mother's Birthplace

Name of person giving
Information

David Scheller

How related
to deceased

Brother

CAUSES OF DEATH

10

How long

Don't know

Primary

Nephritis

How long

3 weeks

Immediate

Eng. & Bronchitis

PHYSICIAN
OR CORONERAre the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

J. Griffith

Address

Frostburg Md



Accident or Suicide?

Eckhard Cern.

J Hafer

Name
in
Full

Samuel Oliver Shumaker

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	1908 Feb. 24	Age	Years	Months	Days
Sex	Male	Color or Race	White	Birth-place	Cumberland
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Single	Name of Wife or Husband	None		
Father's Name	Harry J Shumaker				
Mother's Maiden Name	Leora Lorry				
Name of person giving information	Harry J Shumaker				
CAUSES OF DEATH					
Primary	Broncho-pneumonia				
Immediate	Apathy				
Are the name, age, sex, color, date and place correctly given above?			Signature of Physician		
Yes			William R. Foard MD		
Address			116 Va. Ave.		
			Cumberland Md.		

PHYSICIAN
OR CORONER

Is it an
Accident or Suicide?

92

How long

3 days

2 hours

Signature of Physician

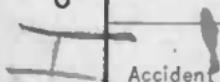
Sommer

Sommer Capa.

Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Accident or Suicide?

Mrs Mary Anna Seifert				CERTIFICATE OF DEATH		
Died at		Town	County		MARYLAND	
Date of death	1908	Month 2	Day 26	Years 78	Months	Days 24
Sex	Female	Color or Race	White			
Occupation	House wife		Where Residing if not at place of death			
Married, Single or Widowed	Widow	Name of Wife or Husband	Martha A. Seifert			
Father's Name	Henry Brookman		Father's Birthplace Germany			
Mother's Maiden Name	Elizabeth Tegler		Mother's Birthplace " "			
Name of person giving information	Selia Seifert		How related to deceased Daughter			
CAUSES OF DEATH						42

Primary

Carcinoma (Vulva)

How long

months

Immediate

Exhaustion

How long

weeks

Are the name, age, sex, color, date and place correctly given above?

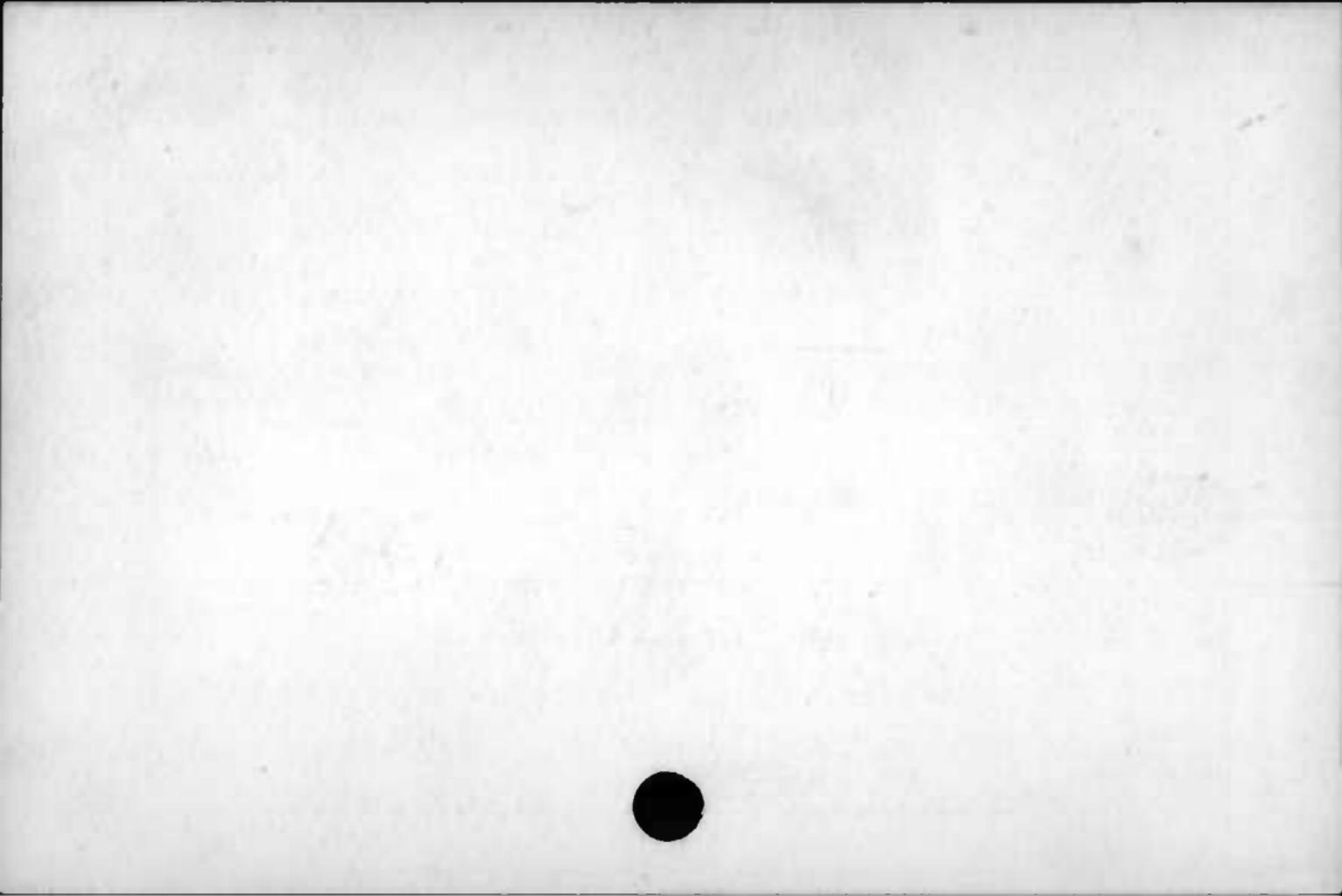
yes

Signature of Physician

J.W. Jochtmann

Address

Cumberland Md

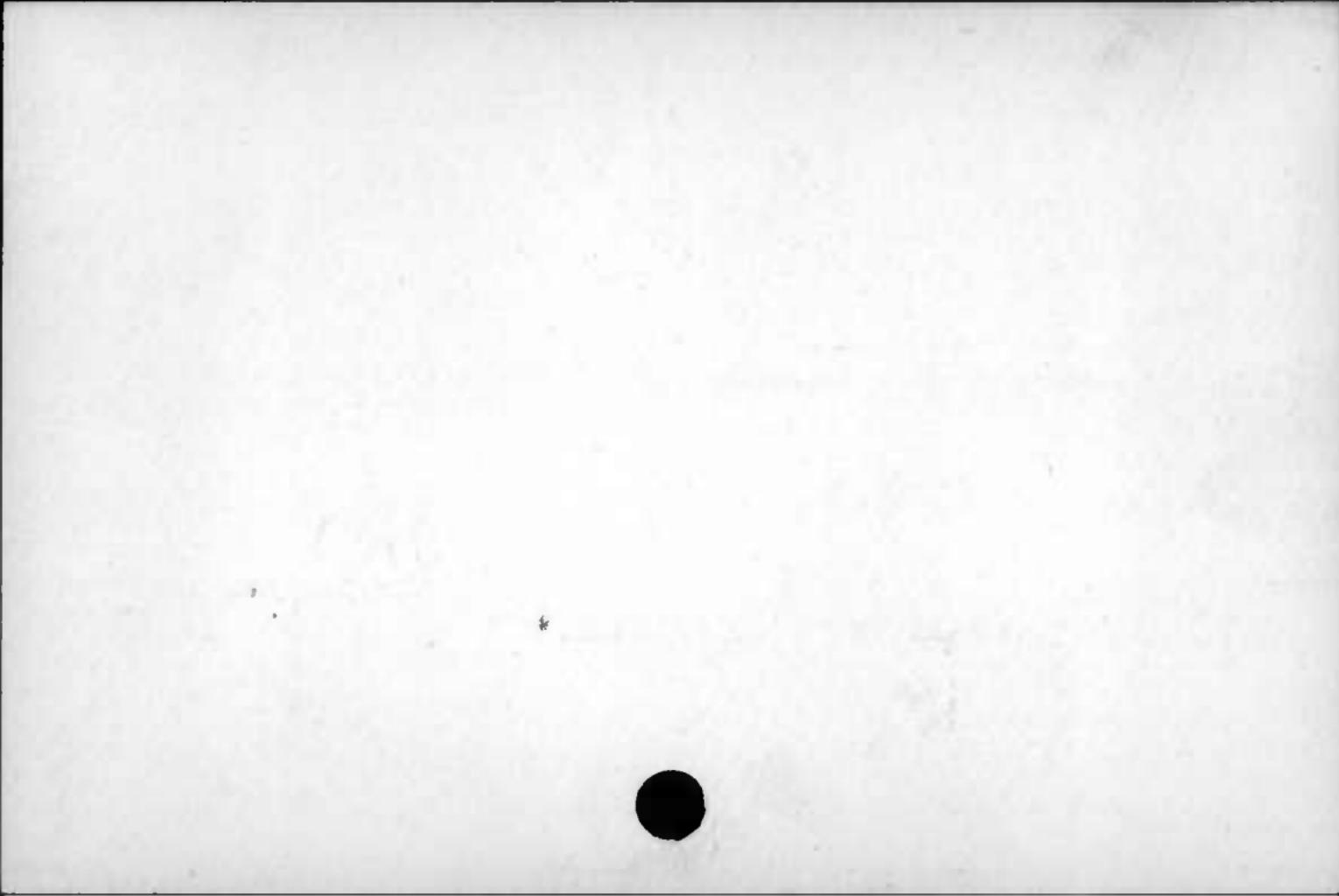


Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Phillip Smith (Atms House)					CERTIFICATE OF DEATH	
Died at	Town	County	MARYLAND			
Date of death	Month	Day	Years	Months	Days	
Died at	Cumberland Allegany					
Date of death	1908	Month February	Day 2	Years 31	Months	Days
Sex	Male	Color or Race	White			Birth-place
Occupation	Laborer					Where Residing if not at place of death
Married, Single or Widowed	Single	Name of Wife or Husband	—			
Father's Name	New Brown					Father's Birthplace
Mother's Maiden Name	New Brown					Mother's Birthplace
Name of person giving information	Peter Wilson					How related to deceased
CAUSES OF DEATH						
Primary	Injury - Nervous & Bone 20 yrs.					How long
Immediate	Cerebral					How long
Are the name, age, sex, color, date and place correctly given above?			Signature of Physician	Dr. F. J. Swigge		
			Address	Cumberland, Md.		
Accident or Suicide?						



Name
in
Full

Wm L. Smith

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Bartles</u>		Town <u>Allegany</u> County		MARYLAND	
Date of death <u>1908</u>	Month <u>Feb</u>	Day <u>22</u>	Age <u>60</u> Years	Months	Days <u>22</u>
Sex <u>Male</u>	Color or Race <u>White</u>	Birth-place <u>Harrison W. Va.</u>			
Occupation <u>Miner</u>	Where Residing if not at place of death <u>Reynolds near Bartles</u>				
Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <u>Haney C. Smith</u>				
Father's Name <u>Wm L Smith</u>	Father's Birthplace <u>W. Va</u>				
Mother's Maiden Name <u>Mary Jane Dawson</u>	Mother's Birthplace <u>W. Va</u>				
Name of person giving Information <u>John Smith</u>	How related to deceased <u>Son</u>				

CAUSES OF DEATH

97

PHYSICIAN
OR CORONER

Primary

Asthma & Bronchitis

How long

one week

Immediate

Heart failure

How long

Are the name, age, sex, color, date and place correctly given above?

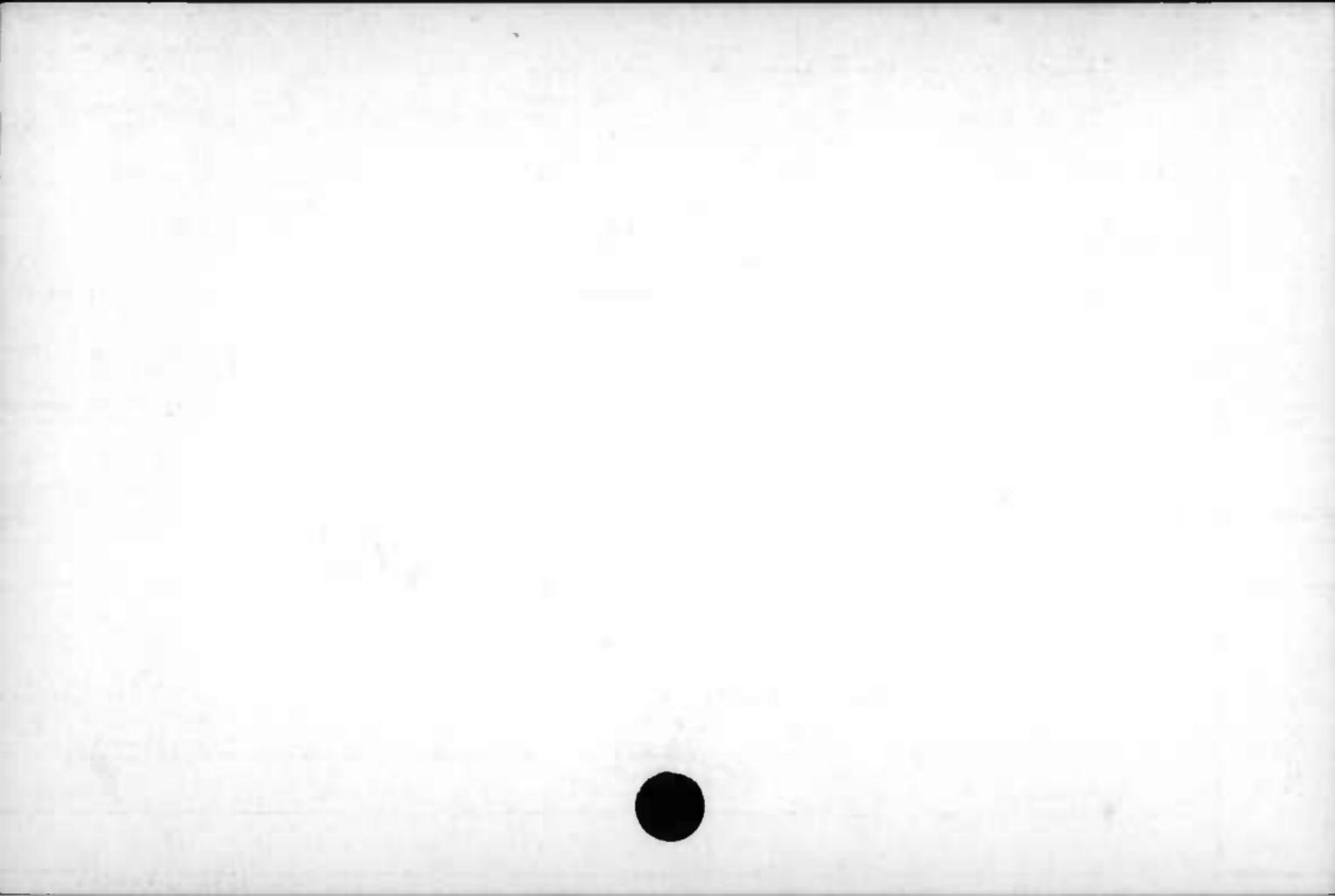
Yes

Signature of Physician

Address

S.A. Boncher

Accident or Suicide?



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Clyde Syvins

CERTIFICATE OF DEATH

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
1908	July	20	2	3	-
Sex	Color or Race	White	Birth-place	Cumberland	
Occupation	Where Residing if not at place of death			-	
Married, Single or Widowed	Name of Wife or Husband	-			
name	—				
Father's Name	Arthur Syvins			Father's Birthplace	W.M.D.
Mother's Maiden Name	Ida Barrable			Mother's Birthplace	Cumberland Md.
Name of person giving Information	Ida Syvins			How related to deceased	Mother

CAUSES OF DEATH

61

Primary

Meningitis

How long

Idays

Immediate

Obstruction

How long

Oneday

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

B. McDonald

Stein

Address

Cumberland Md.
Md and d

Accident or Suicide?

fl

Name
in
Full

Benj. B. Thomas

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at

Town

County

Groveling

Olage

Date
of death

Month

Day

Years

1908 Feb 23

Age 40

8

Days

Sex

Mr.

Color or
Race

white

Birth-
place

Md. Lovages

Occupation

Laborer

Where Residing if not
at place of death

Married, Single
or Widowed

Name of Wife or
Husband

Father's
Name

David Thomas

Father's
Birthplace

States

Mother's
Maiden Name

Harriette Lewis

Mother's
Birthplace

Wales

Name of person giving
Information

Alex Thomas

How related
to deceased

Brother

CAUSES OF DEATH

112

Primary

Cardiac & Liver

How long

and known

Immediate

Bronchitis

How long

few days

PHYSICIAN
OR CORONER

Are the name, age, sex, color, date
and place correctly given above?

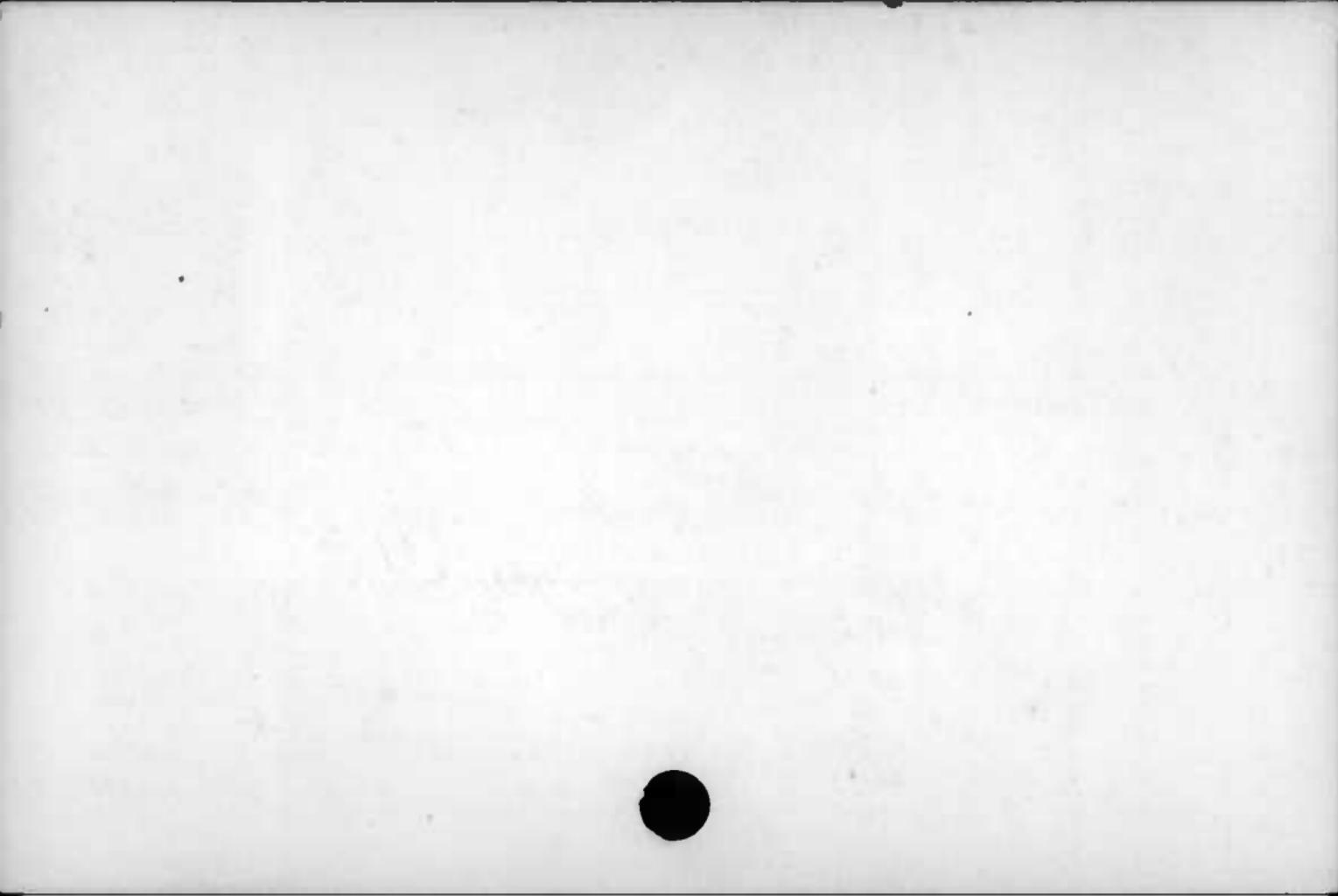
Yes

Signature of
Physician

Address

Griffith
Groveling Md.

Accident or Suicide?



Name
in
Full

Edward P. Thomas.

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND		
Date of death	1908	Month Feb	Day 15	Years 36	Months -	Days -	
Sex	Male	Color or Race	White	Birth-place	Pa		
Occupation	Salesman	Where Residing If not at place of death			Dansville Pa		
Married, Single or Widowed	Single	Name of Wife or Husband	-				
Father's Name	Do not Know			Father's Birthplace	Do not Know		
Mother's Maiden Name	Do not Know			Mother's Birthplace	Do not Know		
Name of person giving information	F. P. Holland			How related to deceased	none		

CAUSES OF DEATH

56

PHYSICIAN
OR CORONER

Primary Heart failure How long

Immediate Brought on by alcohol How long

Are the name, age, sex, color, date and place correctly given above?

yes.

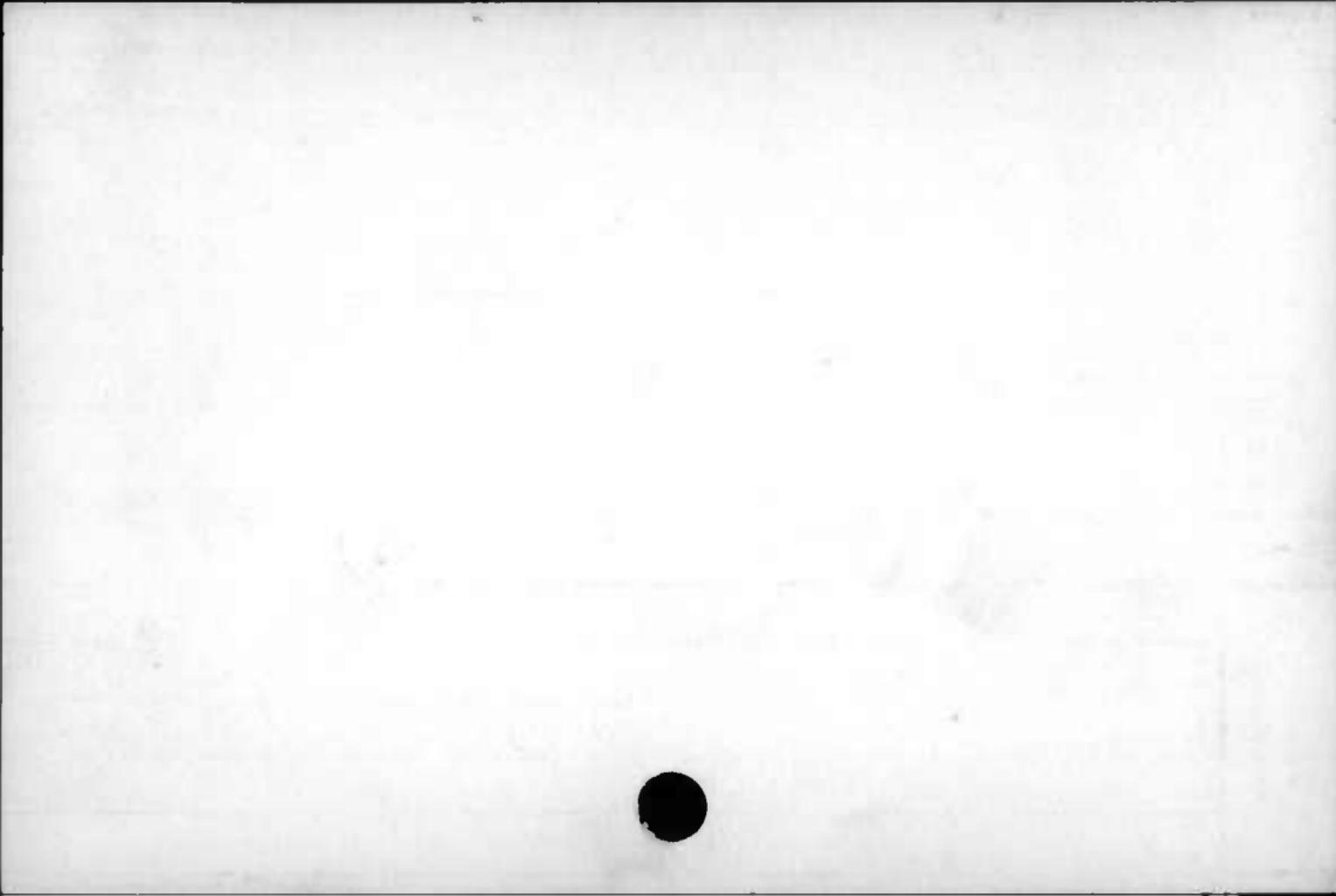
Signature of Physician

Address

J H Martz Coroner
Cumberland
Md

Accident or Suicide?





Name
in
Full

Louise M. Townsend.

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

✓
PHYSICIAN
OR CORONER

Died at	Town	County	MARYLAND
Date of death	Month	Day	Years Months Days
1908	2	18	Age 65
Sex	Color or Race	Birth place	
Female -	White	Salisbury N.Y.	
Occupation	Where Residing if not at place of death		
Housewife	Cumberland		
Married, Single or Widowed	Name of Wife or Husband		
Married	Haber L. Townsend		
Father's Name	Father's Birthplace		
M. L. Bissell	N.Y.		
Mother's Maiden Name	Mother's Birthplace		
Wife			
Name of person giving information	How related to deceased		
Haber Townsend	Husband		

CAUSES OF DEATH

66

How long

1 mo

How long

12 hours

1

Primary

Paralysis =

Immediate

Cornia =

Are the name, age, sex, color, date and place correctly given above?

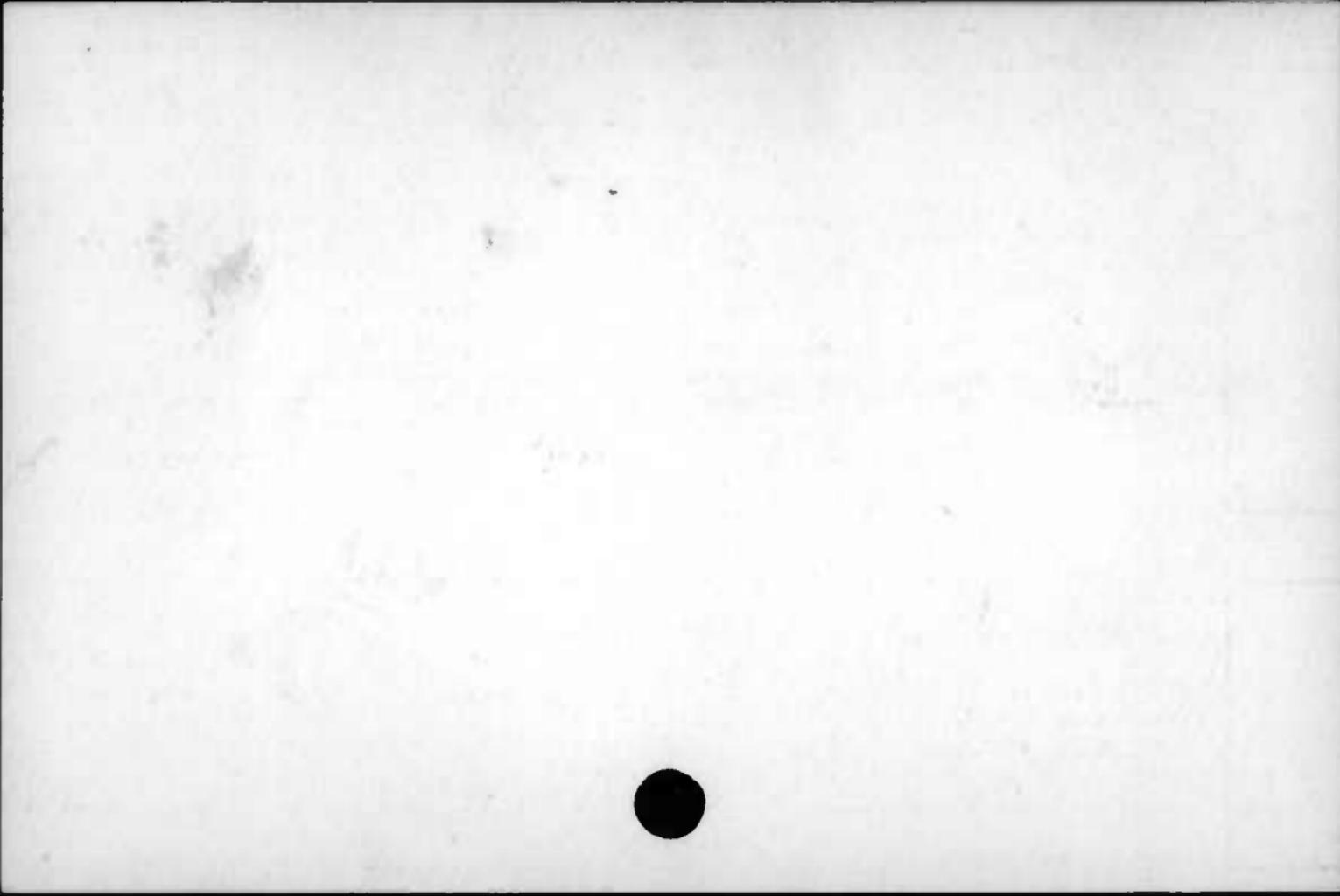
Signature of Physician

Address

Dr. Braun D

Cumberland

Accident or Suicide? No -



Name
in
Full

Anaa Watkins

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at	Town	County	MARYLAND
Date of death	Month	Day	Years Months Days
Sex	Color or Race	Age	supposed to be:
Occupation	Where Residing if not at place of death		
Married, Single or Widowed	Name of Wife or Husband		
Father's Name	Don't Know		
Mother's Maiden Name	" "	Mother's Birthplace	" "
Name of person giving Information	Grandson		

old age CAUSES OF DEATH 154
Primary Died from Natural Cause.
How long
Immediate How long

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

G H Matz Doctor
Cumberland
Md

Accident or Suicide?

137 Fred. St.

Name
in
Full

George Williams

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at		Town	County				
Date of death	1908	Month 2	Day 13	Year 26	Months	Days	
Sex	Male	Color or Race	Black.		Birth-place	Va.	
Occupation	Porter		Where Residing if not at place of death			Unknown	
Married, Single or Widowed	Married	Name of Wife or Husband				Unknown	
Father's Name	Unknown		Father's Birthplace			Unknown	
Mother's Maiden Name	" " "		Mother's Birthplace			" " "	
Name of person giving Information	E. H. Speary		How related to deceased			None.	

CAUSES OF DEATH

93

Primary

Pneumonia

How long

3 weeks

Immediate

Exhaustion

How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

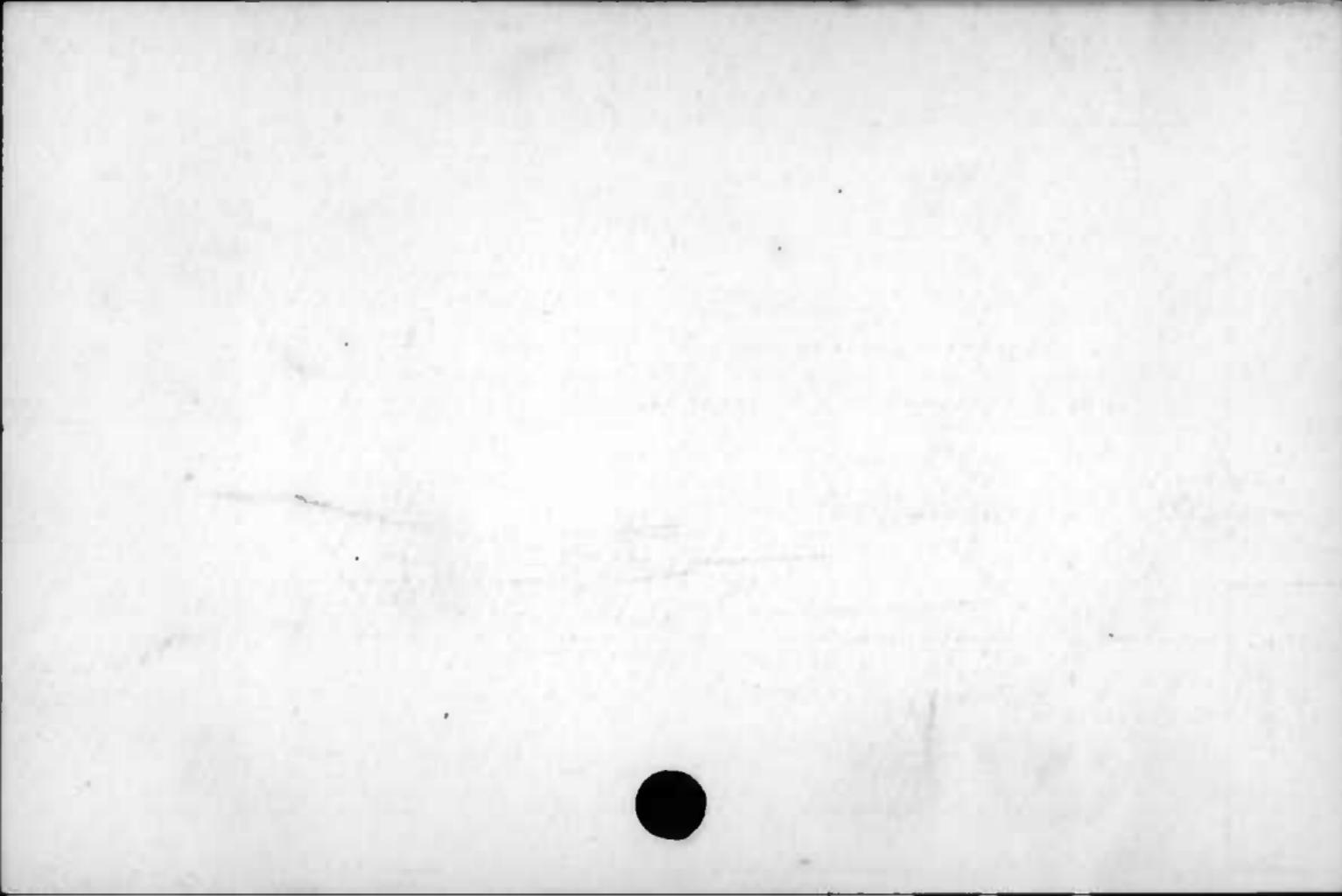
H. B. McDonald

Cumberland

MD

H

Accident or Suicide?



Name
in
Full

Oscar Wimer

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

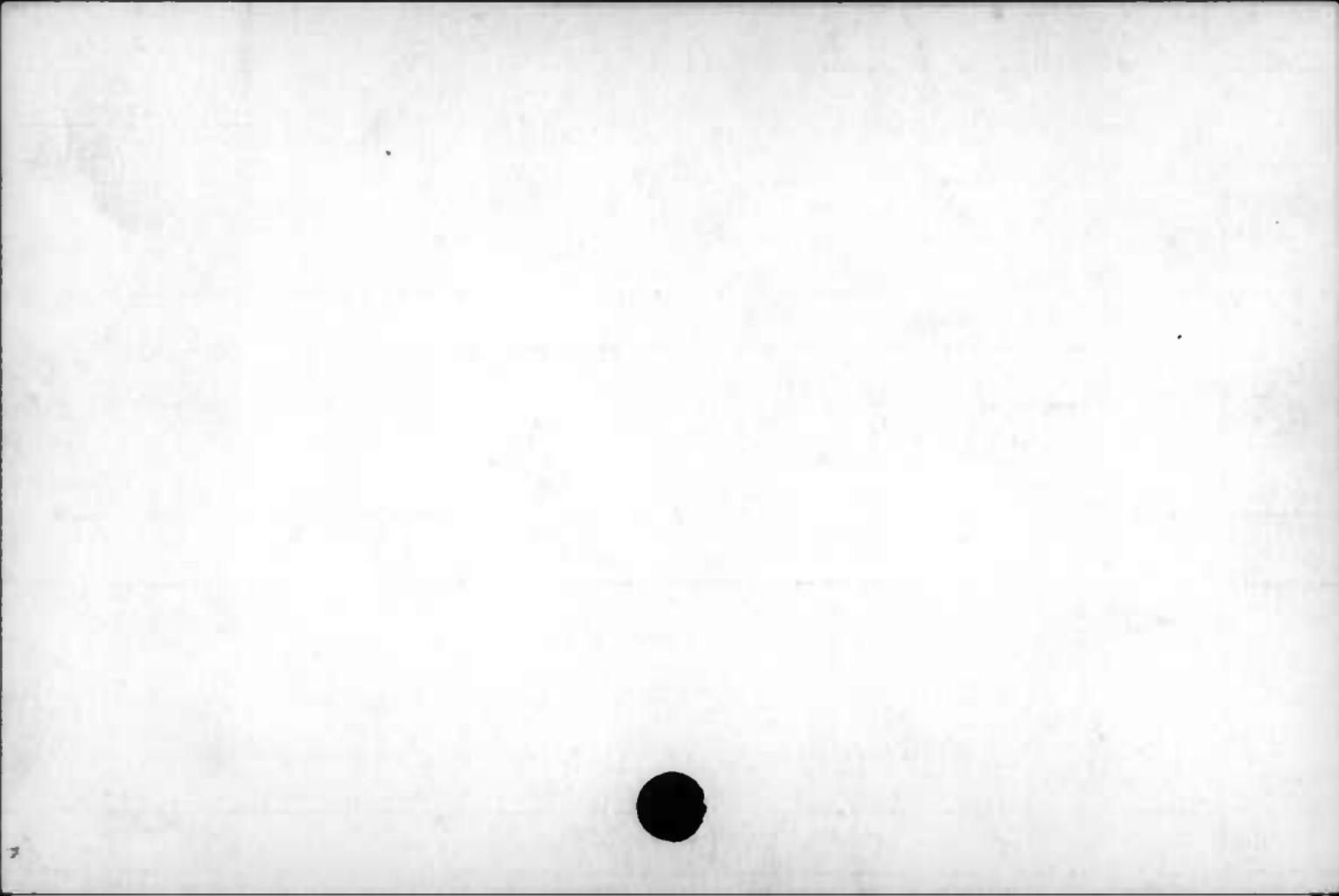
Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
1908	Feb	26	1	9	
Sex	Male	Color or Race	White	Birth-place	Westernport
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Child	Name of Wife or Husband			
Father's Name	Charles Wimer				
Mother's Maiden Name	Minnie Murphy				
Name of person giving Information	William Beaman				

7

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Scarlet fever	How long	4 days
Immediate	Acute nephritis	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	Aly Smith
Yes		Address	Midland Md
Accident or Suicide?		— No	



Name
in
Full

Francis Woods

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND
Date of death	Month	Day	Years
1908	Feb	1	Age
Sex	Color or Race	Birth-place	Months
Male	White	Midland, Md.	14
Occupation	Where Residing if not at place of death	Midland, Md.	
Married, Single or Widowed	Name of Wife or Husband	Father's Birthplace	Graeving, Md.
Father's Name	Terance Woods	Mother's Birthplace	Frostburg, Md.
Mother's Maiden Name	Annie V. Grimes	How related to deceased	Father
Name of person giving information	Terance Woods		

CAUSES OF DEATH

(61)

PHYSICIAN
OR CORONER

Primary	Acute Meningitis	How long	3 hours
Immediate	Acute Meningitis	How long	3 hours
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	P. P. O'Neil,
yes		Address	Midland, Md.
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND
Date of death	Month	Day	Years Months Days
Sex	Color or Race	Age	Birth-place
Occupation	Where Residing if not at place of death		
Married, Single or Widowed	Name of Wife or Husband	Father's Birthplace	Wales
Father's Name	Owen Price	Mother's Birthplace	Wales
Mother's Maiden Name	Jane Owens	How related to deceased	Son
Name of person giving information	Joseph Yates		

CAUSES OF DEATH

93

Primary

Pneumonia

How long

Six days

Immediate

Exhaustion

How long

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

J. Griffith
Crossing Rd

H

Accident or Suicide?

Allg. Gem.

J. Hafer

Name
in
Full

Edna Pearl Young

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at

Town

County

MARYLAND

Date
of death

1908

Month

Feb

Day

8th

Year

Age

Months

3

Days

Sex

Female

Color or
Race

White

Birth-
place

Lonaconing

Occupation

Where Residing if not
at place of death

Married, Single
or Widowed

Single

Name of Wife or
Husband

Father's
Name

Hugh Young

Father's
Birthplace

Lonaconing

Mother's
Maiden Name

Bertie Mary Green

Mother's
Birthplace

Allegany Co., Md.

Name of person giving
Information

Mrs. Van Young

How related
to deceased

Grand-mother

CAUSES OF DEATH

176

How long

Primary

Child was smothered

How long

Immediate

accidentally

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

Address

Henry W. Hodgson

Lonaconing,
Md.

PHYSICIAN
OR CORONER



Accident or Suicide?

Accident

